

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: FRED BEANS HOLDINGS, INC. HEALTH & WELFARE PLAN
1b Three-digit plan number (PN): 502
1c Effective date of plan: 07/01/2001
2a Plan sponsor's name, mailing address, city, state, and ZIP: ROUTE 611 AND SAWMILL ROAD, DOYLESTOWN, PA 18901
2b Employer Identification Number (EIN): 23-2999584
2c Plan Sponsor's telephone number: 215-345-8270
2d Business code (see instructions): 441110

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 plan administrator, employer/plan sponsor, and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1158
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1147
	<b>6a(2)</b>	1246
	<b>6b</b>	12
	<b>6c</b>	20
	<b>6d</b>	1278
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>8</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>502</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-2999584</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HARTFORD LIFE AND ACCIDENT**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	803762G	1833	07/01/2024	06/30/2025

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

<p><b>(a)</b> Total amount of commissions paid <b>11350</b></p>	<p><b>(b)</b> Total amount of fees paid <b>1978</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**WILLIS TOWERS WATSON NORTHEAST INC**      **300 AIRBORNE PARKWAY**  
**STE 208**  
**BUFFALO, NY 14225**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11350			3

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

**WILLIS TOWERS WATSON INS SVCS WEST**      **801 S FIGUEROA STREET**  
**SUITE 800**  
**LOS ANGELES, CA 90017**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1978	BONUS PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>	0	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		<b>7e(1)</b>
	(2) Administration charge made by carrier.....		<b>7e(2)</b>
	(3) Transferred to separate account .....		<b>7e(3)</b>
	(4) Other (specify below) .....		<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	113497
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>23-2999584</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VISION BENEFITS OF AMERICA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>25-1149206</b>	<b>53953</b>	<b>1423</b>	<b>1098</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

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

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

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

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

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

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	56885	
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	0	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	0	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		56885
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	49172	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	0	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		49172
(4) Claims charged .....		<b>9b(4)</b>		49172
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions .....	<b>9c(1)(A)</b>		0	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		9102	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		0	
(D) Other expenses .....	<b>9c(1)(D)</b>		0	
(E) Taxes .....	<b>9c(1)(E)</b>		0	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		-1389	
(G) Other retention charges .....	<b>9c(1)(G)</b>		0	
(H) Total retention .....	<b>9c(1)(H)</b>			7713
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		0
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		0
(2) Claim reserves .....		<b>9d(2)</b>		0
(3) Other reserves .....		<b>9d(3)</b>		0
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		0

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>23-2999584</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AETNA LIFE INSURANCE CO.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>60054</b>	<b>812304</b>	<b>1976</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>2791</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
--	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** **PO BOX 4557**  
**NEW YORK, NY 10249**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>2791</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>	0	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year		<b>7e(1)</b>
	(2) Administration charge made by carrier.....		<b>7e(2)</b>
	(3) Transferred to separate account .....		<b>7e(3)</b>
	(4) Other (specify below) .....		<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		578665
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>502</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-2999584</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMERICAN FIDELITY ASSURANCE 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
73-0714500	60410	VARIOUS	688	07/01/2024	06/30/2025

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

<p><b>(a)</b> Total amount of commissions paid <b>77931</b></p>	<p><b>(b)</b> Total amount of fees paid <b>5322</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**VARIOUS AGENTS - SEE ATTACHMENT** **845 NORTH EASTON RD DOYLESTOWN, PA 18902**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77931	5322	FEES PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	962772
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2999584</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<b>23-1503749</b>	<b>65498</b>	<b>VDT0963536</b>	<b>1246</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>49236</b>	<b>(b)</b> Total amount of fees paid <b>74</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** **PO BOX 32090**  
**NEW YORK, NY 10087**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>49236</b>			<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** **PO BOX 416672**  
**BOSTON, MA 02241**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	<b>74</b>	<b>SERVICE FEES</b>	<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		596355
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p><b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>502</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-2999584</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	VDT0963537	1246	07/01/2024	06/30/2025

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

<p><b>(a)</b> Total amount of commissions paid <b>33287</b></p>	<p><b>(b)</b> Total amount of fees paid <b>74</b></p>
---	---

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** PO BOX 32090  
NEW YORK, NY 10087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33287			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** PO BOX 416672  
BOSTON, MA 02241

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		402936
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

**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 **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>23-2999584</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**CURALINC, LLC, DBA CURALINC HEALTHCARE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>33-1206383</b>	<b>00000</b>	<b>03198</b>	<b>1775</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		25134
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>FRED BEANS HOLDINGS, INC. HEALTH &amp; WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FRED BEANS HOLDINGS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2999584</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LIFE INSURANCE COMPANY OF NORTH AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1503749	65498	SDJ0961046	1246	07/01/2024	06/30/2025

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

<b>(a)</b> Total amount of commissions paid <b>1539</b>	<b>(b)</b> Total amount of fees paid <b>74</b>
--	---

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** **PO BOX 32090**  
**NEW YORK, NY 10087**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1539			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**WILLIS TOWERS WATSON NORTHEAST INC** **PO BOX 416672**  
**BOSTON, MA 02241**

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	0
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
	(5) Total deductions .....			
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		102197
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

Row Labels	Sum of Commission Paid	Sum of Fees Paid	Sum of Collected Premium	Count of Policy_NUM
☐ 05211	\$151.85			
☐ FRED BEANS CHEVROLET OF DOYLESTOWN	\$151.85			
AMERICAN FIDELITY ASSURANCE	\$151.85			
☐ 05211	\$345.20	\$41.60	\$7,949.22	11
☐ FRED BEANS CHEVROLET OF DOYLESTOWN	\$345.20	\$41.60	\$7,949.22	11
BIG OAK INSURANCE SERVICES	\$67.69		\$1,353.63	
MARSH & MCLENNAN AGENCY LLC	\$235.91		\$2,620.98	8
PAA SERVICES INC	\$41.60	\$41.60	\$3,974.61	3
☐ 05248	\$628.28			
☐ FRED BEANS DODGE CHRYSLER JEEP OF DOYLES	\$628.28			
AMERICAN FIDELITY ASSURANCE	\$628.28			
☐ 05248	\$566.34	\$48.40	\$13,200.98	13
☐ FRED BEANS DODGE CHRYSLER JEEP OF DOYLES	\$566.34	\$48.40	\$13,200.98	13
BIG OAK INSURANCE SERVICES	\$95.19		\$1,903.88	
MARSH & MCLENNAN AGENCY LLC	\$422.75		\$4,696.61	13
PAA SERVICES INC	\$48.40	\$48.40	\$6,600.49	
☐ 06806	\$499.14			
☐ FRED BEANS FORD OF MECHANICSBURG	\$499.14			
AMERICAN FIDELITY ASSURANCE	\$499.14			
☐ 06806	\$1,574.61	\$153.05	\$30,620.10	27
☐ FRED BEANS FORD OF MECHANICSBURG	\$1,574.61	\$153.05	\$30,620.10	27
BIG OAK INSURANCE SERVICES	\$64.17		\$1,282.84	
CBIZ BENEFITS & INSURANCE SVCS INC	\$275.40		\$1,836.00	
MARSH & MCLENNAN AGENCY LLC	\$1,078.66		\$11,986.01	23
MODEL CONSULTING INC	\$3.33		\$205.20	
PENNSYLVANIA AUTO ASSOC INS AGY INC	\$153.05	\$153.05	\$15,310.05	4
☐ 08915	\$483.97	\$33.20	\$6,430.38	9
☐ FRED BEANS ACURA OF JENKINTOWN	\$483.97	\$33.20	\$6,430.38	9
AMERICAN FIDELITY ASSURANCE	\$162.70			
BIG OAK INSURANCE SERVICES	\$2.88		\$57.45	
MARSH & MCLENNAN AGENCY LLC	\$285.19		\$3,167.57	9
PAA SERVICES INC	\$33.20	\$33.20	\$3,205.36	

☐ 08948	\$378.27		\$7,867.90	6
☐ FRED BEANS NISSAN OF FLEMINGTON	\$378.27		\$7,867.90	6
BIG OAK INSURANCE SERVICES	\$18.92		\$379.39	
MARSH & MCLENNAN AGENCY LLC	\$320.02		\$3,554.56	6
NJ CAR SERVICES INC	\$39.33		\$3,933.95	
☐ 08957	\$570.46	\$21.20	\$8,385.10	6
☐ FRED BEANS CARSTAR OF LANGHORNE	\$570.46	\$21.20	\$8,385.10	6
AMERICAN FIDELITY ASSURANCE	\$171.93			
MARSH & MCLENNAN AGENCY LLC	\$377.33		\$4,192.55	6
PAA SERVICES INC	\$21.20	\$21.20	\$4,192.55	
☐ 08989	\$1,057.15	\$93.20	\$3,589.77	12
☐ FRED BEANS HYUNDAI OF MECHANICSBURG	\$1,057.15	\$93.20	\$3,589.77	12
AMERICAN FIDELITY ASSURANCE	\$940.28			
BIG OAK INSURANCE SERVICES	\$23.67		\$473.24	1
PAA SERVICES INC	\$93.20	\$93.20	\$3,116.53	11
☐ 09110	\$170.84	\$6.00	\$1,980.00	2
☐ BIG OAK HOME AUTO INSURANCE INC	\$170.84	\$6.00	\$1,980.00	2
AMERICAN FIDELITY ASSURANCE	\$75.74			
MARSH & MCLENNAN AGENCY LLC	\$89.10		\$990.00	2
PAA SERVICES INC	\$6.00	\$6.00	\$990.00	
☐ 09251	\$1,067.12	\$90.00	\$3,618.63	11
☐ FRED BEANS MAZDA OF MECHANICSBURG	\$1,067.12	\$90.00	\$3,618.63	11
AMERICAN FIDELITY ASSURANCE	\$949.88			
BIG OAK INSURANCE SERVICES	\$27.24		\$544.71	1
PAA SERVICES INC	\$90.00	\$90.00	\$3,073.92	10
☐ 17626	\$469.96			
☐ FRED BEANS FORD LINCOLN MERCURY OF WEST	\$469.96			
AMERICAN FIDELITY ASSURANCE	\$469.96			

☐ 17626		\$1,019.90	\$115.60	\$22,337.22	27
☐ FRED BEANS FORD LINCOLN MERCURY OF WEST		\$1,019.90	\$115.60	\$22,337.22	27
BIG OAK INSURANCE SERVICES		\$154.30		\$3,084.46	
CBIZ BENEFITS & INSURANCE SVCS INC		\$55.80		\$372.00	
MARSH & MCLENNAN AGENCY LLC		\$694.20		\$7,712.15	24
PAA SERVICES INC		\$115.60	\$115.60	\$11,168.61	3
☐ 18756		\$99.35			
☐ FRED BEANS VOLKSWAGEN OF DEVON		\$99.35			
AMERICAN FIDELITY ASSURANCE		\$99.35			
☐ 18756		\$558.98	\$54.40	\$12,426.88	12
☐ FRED BEANS VOLKSWAGEN OF DEVON		\$558.98	\$54.40	\$12,426.88	12
BIG OAK INSURANCE SERVICES		\$68.19		\$1,364.06	
MARSH & MCLENNAN AGENCY LLC		\$436.39		\$4,849.38	12
PAA SERVICES INC		\$54.40	\$54.40	\$6,213.44	
☐ 23746		\$595.93			
☐ FRED BEANS LINCOLN		\$595.93			
AMERICAN FIDELITY ASSURANCE		\$595.93			
☐ 23746		\$209.78	\$188.40	\$3,380.22	10
☐ FRED BEANS LINCOLN		\$209.78	\$188.40	\$3,380.22	10
BIG OAK INSURANCE SERVICES		\$21.38		\$427.92	
PAA SERVICES INC		\$188.40	\$188.40	\$2,952.30	10
☐ 36386		\$2,073.61			
☐ FRED BEANS PARTS - DOYLESTOWN		\$2,073.61			
AMERICAN FIDELITY ASSURANCE		\$2,073.61			
☐ 36386		\$2,259.87	\$193.60	\$50,679.12	47
☐ FRED BEANS PARTS - DOYLESTOWN		\$2,259.87	\$193.60	\$50,679.12	47
BIG OAK INSURANCE SERVICES		\$268.31		\$5,365.70	
MARSH & MCLENNAN AGENCY LLC		\$1,797.96		\$19,973.86	43
PAA SERVICES INC		\$193.60	\$193.60	\$25,339.56	4
☐ 37070		\$526.36	\$32.00	\$9,936.62	8
☐ FRED BEANS CARSTAR OF NEWTOWN		\$526.36	\$32.00	\$9,936.62	8
AMERICAN FIDELITY ASSURANCE		\$73.38			
BIG OAK INSURANCE SERVICES		\$32.62		\$653.27	
MARSH & MCLENNAN AGENCY LLC		\$388.36		\$4,315.04	7
PAA SERVICES INC		\$32.00	\$32.00	\$4,968.31	1

☐ 37243	\$1,500.77				
☐ FRED BEANS FORD OF LANGHORNE	\$1,500.77				
AMERICAN FIDELITY ASSURANCE	\$1,500.77				
☐ 37243	\$2,545.08	\$217.20	\$55,375.04	51	
☐ FRED BEANS FORD OF LANGHORNE	\$2,545.08	\$217.20	\$55,375.04	51	
BIG OAK INSURANCE SERVICES	\$205.30		\$4,103.10		
MARSH & MCLENNAN AGENCY LLC	\$2,122.58		\$23,584.42	46	
PAA SERVICES INC	\$217.20	\$217.20	\$27,687.52	5	
☐ 38188	\$1,005.64	\$56.00	\$13,020.92	15	
☐ FRED BEANS VOLKSWAGEN OF DOYLESTOWN	\$1,005.64	\$56.00	\$13,020.92	15	
AMERICAN FIDELITY ASSURANCE	\$442.55				
BIG OAK INSURANCE SERVICES	\$98.81		\$1,975.57	1	
MARSH & MCLENNAN AGENCY LLC	\$408.28		\$4,534.89	12	
PAA SERVICES INC	\$56.00	\$56.00	\$6,510.46	2	
☐ 38991	\$1,110.37	\$64.80	\$19,094.12	18	
☐ FRED BEANS MANAGEMENT COMPANY INC	\$1,110.37	\$64.80	\$19,094.12	18	
AMERICAN FIDELITY ASSURANCE	\$345.54				
BIG OAK INSURANCE SERVICES	\$199.17		\$3,983.99		
MARSH & MCLENNAN AGENCY LLC	\$500.86		\$5,563.07	14	
PAA SERVICES INC	\$64.80	\$64.80	\$9,547.06	4	
☐ 39300	\$1,690.81	\$94.00	\$22,352.27	23	
☐ FRED BEANS HONDA OF ABINGTON	\$1,690.81	\$94.00	\$22,352.27	23	
AMERICAN FIDELITY ASSURANCE	\$591.42				
BIG OAK INSURANCE SERVICES	\$0.63		\$12.63		
MARSH & MCLENNAN AGENCY LLC	\$1,004.76		\$11,163.52	23	
PAA SERVICES INC	\$94.00	\$94.00	\$11,176.12		
☐ 39302	\$1,137.86	\$37.20	\$12,937.88	13	
☐ FRED BEANS HYUNDAI OF ABINGTON	\$1,137.86	\$37.20	\$12,937.88	13	
AMERICAN FIDELITY ASSURANCE	\$518.49				
MARSH & MCLENNAN AGENCY LLC	\$582.17		\$6,468.95	13	
PAA SERVICES INC	\$37.20	\$37.20	\$6,468.93		

☐ 47272	\$162.24	\$16.40	\$5,833.10	4
☐ FRED BEANS CARSTAR OF ABINGTON	\$162.24	\$16.40	\$5,833.10	4
BIG OAK INSURANCE SERVICES	\$145.84		\$2,916.55	
PAA SERVICES INC	\$16.40	\$16.40	\$2,916.55	4
☐ 47343	\$251.34	\$20.80	\$1,101.10	2
☐ FRED BEANS CARSTAR OF NEW CUMBERLAND	\$251.34	\$20.80	\$1,101.10	2
AMERICAN FIDELITY ASSURANCE	\$222.68			
BIG OAK INSURANCE SERVICES	\$7.86		\$157.30	
PAA SERVICES INC	\$20.80	\$20.80	\$943.80	2
☐ 48150	\$1,328.70	\$112.00	\$28,034.30	29
☐ FRED BEANS HYUNDAI OF LANGHORNE	\$1,328.70	\$112.00	\$28,034.30	29
AMERICAN FIDELITY ASSURANCE	\$158.29			
BIG OAK INSURANCE SERVICES	\$253.94		\$5,079.64	
MARSH & MCLENNAN AGENCY LLC	\$804.47		\$8,937.51	26
PAA SERVICES INC	\$112.00	\$112.00	\$14,017.15	3
☐ 48343	\$286.73		\$5,356.13	9
☐ FRED BEANS HYUNDAI OF FLEMINGTON	\$286.73		\$5,356.13	9
BIG OAK INSURANCE SERVICES	\$76.67		\$1,534.17	
MARSH & MCLENNAN AGENCY LLC	\$193.38		\$2,148.32	9
NJ CAR SERVICES INC	\$16.68		\$1,673.64	
☐ 49796	\$973.77	\$23.04	\$4,591.10	9
☐ FRED BEANS KIA OF LANGHORNE	\$973.77	\$23.04	\$4,591.10	9
AMERICAN FIDELITY ASSURANCE	\$800.03			
BIG OAK INSURANCE SERVICES	\$62.36		\$1,246.37	
MARSH & MCLENNAN AGENCY LLC	\$88.34		\$1,049.18	4
PENNSYLVANIA AUTO ASSOC INS AGY INC	\$23.04	\$23.04	\$2,295.55	5
☐ 49799	\$379.29	\$41.42	\$8,297.54	5
☐ FRED BEANS CARSTAR OF FLEMINGTON	\$379.29	\$41.42	\$8,297.54	5
MARSH & MCLENNAN AGENCY LLC	\$337.87		\$4,148.77	5
PENNSYLVANIA AUTO ASSOC INS AGY INC	\$41.42	\$41.42	\$4,148.77	

☐ 49806	\$662.06	\$58.27	\$11,614.12	10
☐ FRED BEANS CARSTAR OF MECHANICSBURG	\$662.06	\$58.27	\$11,614.12	10
AMERICAN FIDELITY ASSURANCE	\$202.30			
BIG OAK INSURANCE SERVICES	\$57.10		\$1,141.60	
MARSH & MCLENNAN AGENCY LLC	\$344.39		\$4,665.46	8
PENNSYLVANIA AUTO ASSOC INS AGY INC	\$58.27	\$58.27	\$5,807.06	2
☐ 49819	\$179.37	\$10.97	\$2,173.36	6
☐ FRED BEANS KIA OF MECHANICSBURG	\$179.37	\$10.97	\$2,173.36	6
AMERICAN FIDELITY ASSURANCE	\$82.55			
BIG OAK INSURANCE SERVICES	\$3.45		\$68.70	
MARSH & MCLENNAN AGENCY LLC	\$82.40		\$1,017.98	5
PENNSYLVANIA AUTO ASSOC INS AGY INC	\$10.97	\$10.97	\$1,086.68	1
☐ 56565	\$435.71	\$44.40	\$9,743.46	10
☐ FRED BEANS FORD OF WASHINGTON	\$435.71	\$44.40	\$9,743.46	10
BIG OAK INSURANCE SERVICES	\$59.07		\$1,179.42	
MARSH & MCLENNAN AGENCY LLC	\$332.24		\$3,692.31	10
PAA SERVICES INC	\$44.40	\$44.40	\$4,871.73	
☐ 59189	\$736.64	\$47.60	\$15,309.32	15
☐ FRED BEANS MAZDA OF ABINGTON	\$736.64	\$47.60	\$15,309.32	15
MARSH & MCLENNAN AGENCY LLC	\$689.04		\$7,654.66	15
PAA SERVICES INC	\$47.60	\$47.60	\$7,654.66	
☐ 59606	\$914.14		\$19,476.40	25
☐ FRED BEANS TOYOTA OF FLEMINGTON	\$914.14		\$19,476.40	25
BIG OAK INSURANCE SERVICES	\$166.07		\$3,319.08	
MARSH & MCLENNAN AGENCY LLC	\$659.75		\$7,329.52	25
NJ CAR SERVICES INC	\$88.32		\$8,827.80	
☐ 66043	\$1,113.88	\$104.00	\$25,036.64	23
☐ FRED BEANS CARSTAR OF DOYLESTOWN	\$1,113.88	\$104.00	\$25,036.64	23
BIG OAK INSURANCE SERVICES	\$146.08		\$2,920.50	
MARSH & MCLENNAN AGENCY LLC	\$863.80		\$9,597.82	23
PAA SERVICES INC	\$104.00	\$104.00	\$12,518.32	

☐ 67002		\$305.88	\$21.20	\$6,324.68	5
☐ AUTORENT OF DOYLESTOWN		\$305.88	\$21.20	\$6,324.68	5
MARSH & MCLENNAN AGENCY LLC		\$284.68		\$3,162.34	5
PAA SERVICES INC		\$21.20	\$21.20	\$3,162.34	
☐ 68353		\$58.04	\$46.00	\$1,626.77	6
☐ FRED BEANS BUICK OF MECHANICSBURG		\$58.04	\$46.00	\$1,626.77	6
BIG OAK INSURANCE SERVICES		\$12.04		\$240.64	
PAA SERVICES INC		\$46.00	\$46.00	\$1,386.13	6
☐ 68953		\$816.13	\$70.80	\$18,739.30	16
☐ FRED BEANS HYUNDAI OF DOYLESTOWN		\$816.13	\$70.80	\$18,739.30	16
BIG OAK INSURANCE SERVICES		\$122.43		\$2,448.60	
MARSH & MCLENNAN AGENCY LLC		\$622.90		\$6,921.05	16
PAA SERVICES INC		\$70.80	\$70.80	\$9,369.65	
☐ 69341		\$670.96	\$55.60	\$14,884.56	15
☐ FRED BEANS NISSAN OF DOYLESTOWN		\$670.96	\$55.60	\$14,884.56	15
BIG OAK INSURANCE SERVICES		\$68.07		\$1,361.13	
MARSH & MCLENNAN AGENCY LLC		\$547.29		\$6,081.15	14
PAA SERVICES INC		\$55.60	\$55.60	\$7,442.28	1
☐ 73786		\$2,394.15	\$248.80	\$50,562.34	66
☐ FRED BEANS FORD INC		\$2,394.15	\$248.80	\$50,562.34	66
BIG OAK INSURANCE SERVICES		\$209.11		\$4,179.69	1
MARSH & MCLENNAN AGENCY LLC		\$1,844.44		\$20,489.48	54
MODEL CONSULTING INC		\$91.80		\$612.00	
PAA SERVICES INC		\$248.80	\$248.80	\$25,281.17	11
☐ 84582		\$2,027.61	\$221.60	\$43,978.88	47
☐ FRED BEANS FORD OF BOYERTOWN		\$2,027.61	\$221.60	\$43,978.88	47
BIG OAK INSURANCE SERVICES		\$249.95		\$4,999.50	
CBIZ BENEFITS & INSURANCE SVCS INC		\$66.60		\$444.00	
MARSH & MCLENNAN AGENCY LLC		\$1,489.46		\$16,545.94	44
PAA SERVICES INC		\$221.60	\$221.60	\$21,989.44	3
☐ 84945		\$241.26	\$138.63	\$6,463.48	10
☐ FRED BEANS FORD OF EXTON		\$241.26	\$138.63	\$6,463.48	10
BIG OAK INSURANCE SERVICES		\$102.63		\$2,050.84	
PENNSYLVANIA AUTO ASSOC INS AGY INC		\$138.63	\$138.63	\$4,412.64	10

☐94209	\$203.03	\$21.20	\$4,790.70	6
☐AUTO EXPRESS OF DOYLESTOWN	\$203.03	\$21.20	\$4,790.70	6
BIG OAK INSURANCE SERVICES	\$42.33		\$845.55	
MARSH & MCLENNAN AGENCY LLC	\$139.50		\$1,549.80	5
PAA SERVICES INC	\$21.20	\$21.20	\$2,395.35	1
☐94210	\$325.20	\$33.20	\$9,126.78	11
☐FRED BEANS CADILLAC BUICK GMC OF DOYLEST	\$325.20	\$33.20	\$9,126.78	11
BIG OAK INSURANCE SERVICES	\$148.41		\$2,968.20	
MARSH & MCLENNAN AGENCY LLC	\$143.59		\$1,595.19	8
PAA SERVICES INC	\$33.20	\$33.20	\$4,563.39	3
☐94211	\$469.68	\$49.60	\$10,940.52	12
☐FRED BEANS SUBARU OF DOYLESTOWN	\$469.68	\$49.60	\$10,940.52	12
BIG OAK INSURANCE SERVICES	\$90.45		\$1,809.20	
MARSH & MCLENNAN AGENCY LLC	\$329.63		\$3,661.06	11
PAA SERVICES INC	\$49.60	\$49.60	\$5,470.26	1
☐94251	\$212.94	\$20.00	\$4,499.60	5
☐CARQUEST OF DOYLESTOWN	\$212.94	\$20.00	\$4,499.60	5
BIG OAK INSURANCE SERVICES	\$11.98		\$239.68	
MARSH & MCLENNAN AGENCY LLC	\$180.96		\$2,010.12	4
PAA SERVICES INC	\$20.00	\$20.00	\$2,249.80	1
☐94770	\$747.53	\$63.20	\$17,203.20	16
☐FRED BEANS FORD OF NEWTOWN	\$747.53	\$63.20	\$17,203.20	16
BIG OAK INSURANCE SERVICES	\$112.69		\$2,251.79	
MARSH & MCLENNAN AGENCY LLC	\$571.64		\$6,349.81	12
PAA SERVICES INC	\$63.20	\$63.20	\$8,601.60	4
☐95454	\$332.45	\$16.80	\$8,030.08	5
☐AUTO EXPRESS OF LANGHORNE	\$332.45	\$16.80	\$8,030.08	5
BIG OAK INSURANCE SERVICES	\$57.17		\$1,142.78	
MARSH & MCLENNAN AGENCY LLC	\$258.48		\$2,872.26	3
PAA SERVICES INC	\$16.80	\$16.80	\$4,015.04	2
☐(blank)				
☐(blank)				
(blank)				
<b>Grand Total</b>	<b>\$40,526.23</b>	<b>\$3,025.38</b>	<b>\$638,919.83</b>	<b>688</b>



07/24/2025

FRED BEANS CHEV BUICK PONT GMC  
845 NORTH EASTON RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS CHEV BUICK PONT GMC

**Primary Member Name:** FRED BEANS CHEVROLET OF DOYLESTOWN

**Primary Member Number:** 05211

Name	MCP
FRED BEANS CHEVROLET OF DOYLESTOWN	05211

# Schedule A Report

**FRED BEANS CHEV BUICK PONT GMC ATTN MICHELLE APGAR**  
**845 NORTH EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS CHEVROLET OF DOYLESTOWN (05211)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>11</b>	<b>\$3,134.23</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$211.25	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$72.25	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$41.71	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	30.80
			<b>Total Accident Only:</b>	<b>\$325.21</b>	<b>30.80</b>
<b>Cancer</b>	<b>18</b>	<b>\$5,376.60</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$211.60	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$80.43	0.00
			TRION GROUP INC 2300 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406	\$54.84	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS CHEV BUICK PONT GMC ATTN MICHELLE APGAR**  
**845 NORTH EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS CHEVROLET OF DOYLESTOWN (05211)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	48.65
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$51.91)	0.00
			<b>Total Cancer:</b>	<b>\$294.96</b>	<b>48.65</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$259.20</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$23.28	0.00
			<b>Total Group HI/GAP:</b>	<b>\$23.28</b>	<b>0.00</b>
<b>Medical Group</b>	<b>9</b>	<b>\$350.64</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$17.52	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$2.62	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	7.20
			<b>Total Medical Group:</b>	<b>\$20.14</b>	<b>7.20</b>

Thursday, July 24, 2025



07/24/2025

FRED BEANS DODGE CHRYS JEEP  
858 N EASTON RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS DODGE CHRYS JEEP

**Primary Member Name:** FRED BEANS DODGE CHRYSLER JEEP OF DOYLES

**Primary Member Number:** 05248

Name	MCP
FRED BEANS DODGE CHRYSLER JEEP OF DOYLES	05248

# Schedule A Report

**FRED BEANS DODGE CHRYS JEEP ATTN MICHELLE APGAR**  
**858 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS DODGE CHRYSLER JEEP OF DOYLES (05248)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>16</b>	<b>\$5,841.15</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$833.79	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$398.19	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$78.18	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	47.25
			<b>Total Accident Only:</b>	<b>\$1,310.16</b>	<b>47.25</b>
<b>Cancer</b>	<b>3</b>	<b>\$1,476.22</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$347.36	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$57.36	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$39.43	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS DODGE CHRYS JEEP ATTN MICHELLE APGAR**  
**858 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS DODGE CHRYSLER JEEP OF DOYLES (05248)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	16.10
			<b>Total Cancer:</b>	<b>\$444.15</b>	<b>16.10</b>
<b>Group HI/GAP</b>	<b>2</b>	<b>\$746.64</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$174.79	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$37.44	0.00
			<b>Total Group HI/GAP:</b>	<b>\$212.23</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$1,640.88</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$82.08	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$12.30	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
			<b>Total Medical Group:</b>	<b>\$94.38</b>	<b>4.80</b>

Thursday, July 24, 2025



07/24/2025

MCCAFFERTY FORD OF MECHANICSBURG  
6320 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** MCCAFFERTY FORD OF MECHANICSBURG

**Primary Member Name:** FRED BEANS FORD OF MECHANICSBURG

**Primary Member Number:** 06806

Name	MCP
FRED BEANS FORD OF MECHANICSBURG	06806

# Schedule A Report

**MCCAFFERTY FORD OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6320 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF MECHANICSBURG (06806)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>15</b>	<b>\$5,032.70</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$364.05	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$271.46	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$109.84	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$50.74	0.00
			<b>Total Accident Only:</b>	<b>\$796.09</b>	<b>0.00</b>
<b>Cancer</b>	<b>23</b>	<b>\$5,384.50</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$282.99	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$103.46	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$53.89	0.00

Thursday, July 24, 2025

# Schedule A Report

**MCCAFFERTY FORD OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6320 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF MECHANICSBURG (06806)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			TRION GROUP INC 2300 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406	\$18.00	0.00
			CBIZ BENEFITS & INS SERVICES INC 700 W 47TH ST #1100 KANSAS CITY, MO 64112	\$15.19	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$134.53)	0.00
			<b>Total Cancer:</b>	<b>\$339.00</b>	<b>0.00</b>
<b>Group HI/GAP</b>	<b>2</b>	<b>\$2,148.40</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$71.63	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$69.96	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$230.46)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$88.87)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>9</b>	<b>\$877.89</b>			

# Schedule A Report

**MCCAFFERTY FORD OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6320 CARLISLE PIKE MECHANICSBURG, PA 17050**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

***FRED BEANS FORD OF MECHANICSBURG (06806)***

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$79.11	0.00
<b>Total Medical Group:</b>				<b>\$79.11</b>	<b>0.00</b>

# Schedule A Report

**FRED BEANS ACURA OF JENKINTOWN ATTN MICHELLE APGAR**  
**850 OLD YORK RD PO BOX 523 MEADOWBROOK, PA 19046**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS ACURA OF JENKINTOWN (08915)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>7</b>	<b>\$2,655.71</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$403.93	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$254.82	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	27.30
			<b>Total Accident Only:</b>	<b>\$658.75</b>	<b>27.30</b>
<b>Cancer</b>	<b>9</b>	<b>\$2,530.79</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$245.75	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	27.30
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$274.26)	0.00
			<b>Total Cancer:</b>	<b>(\$28.51)</b>	<b>27.30</b>
<b>Group HI/GAP</b>	<b>0</b>	<b>\$120.70</b>			

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS ACURA OF JENKINTOWN ATTN MICHELLE APGAR**  
**850 OLD YORK RD PO BOX 523 MEADOWBROOK, PA 19046**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS ACURA OF JENKINTOWN (08915)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$6.05	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$141.80)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$135.75)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$409.64</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$40.32	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	2.40
			<b>Total Medical Group:</b>	<b>\$40.32</b>	<b>2.40</b>



07/24/2025

Fred Beans Nissan of Flemington  
172 RTE 202  
FLEMINGTON, NJ 08822

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Nissan of Flemington

**Primary Member Name:** FRED BEANS NISSAN OF FLEMINGTON

**Primary Member Number:** 08948

Name	MCP
FRED BEANS NISSAN OF FLEMINGTON	08948

# Schedule A Report

**Fred Beans Nissan of Flemington ATTN MICHELLE APGAR**  
**172 RTE 202 FLEMINGTON, NJ 08822**

Plan/Contract Year: 7/1/2024 - 6/30/2025

Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company

Part I (b) EIN: 73-0714500

Part I (c) NAIC Code: 60410

## **FRED BEANS NISSAN OF FLEMINGTON (08948)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>1</b>	<b>\$807.29</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$55.50	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$45.31	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$11.07	0.00
			NJ CAR SERVICES INC 856 RIVER RD TRENTON, NJ 08628	\$8.12	0.00
			<b>Total Accident Only:</b>	<b>\$120.00</b>	<b>0.00</b>
<b>Medical Group</b>	<b>9</b>	<b>\$481.92</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$40.88	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$15.95	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$15.12	0.00
			<b>Total Medical Group:</b>	<b>\$71.95</b>	<b>0.00</b>

Thursday, July 24, 2025



07/24/2025

Carstar of Langhorne  
250 N WOODBOURNE RD  
LANGHORNE, PA 19047

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Carstar of Langhorne

**Primary Member Name:** FRED BEANS CARSTAR OF LANGHORNE

**Primary Member Number:** 08957

Name	MCP
FRED BEANS CARSTAR OF LANGHORNE	08957

# Schedule A Report

Carstar of Langhorne ATTN MICHELLE APGAR  
 250 N WOODBOURNE RD LANGHORNE, PA 19047

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS CARSTAR OF LANGHORNE (08957)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>3</b>	<b>\$1,172.24</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$325.58	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$52.66	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$20.17	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	9.80
			<b>Total Accident Only:</b>	<b>\$398.41</b>	<b>9.80</b>
<b>Cancer</b>	<b>1</b>	<b>\$347.88</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$476.37	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$31.20	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
			<b>Total Cancer:</b>	<b>\$507.57</b>	<b>4.20</b>

Thursday, July 24, 2025



07/24/2025

FRED BEANS HYUNDAI OF MECHANICSBURG  
6115 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS HYUNDAI OF MECHANICSBURG

**Primary Member Name:** FRED BEANS HYUNDAI OF MECHANICSBURG

**Primary Member Number:** 08989

Name	MCP
FRED BEANS HYUNDAI OF MECHANICSBURG	08989

# Schedule A Report

**FRED BEANS HYUNDAI OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6115 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF MECHANICSBURG (08989)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>12</b>	<b>\$1,866.15</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$697.00	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$93.30	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	14.35
			<b>Total Accident Only:</b>	<b>\$790.30</b>	<b>14.35</b>
<b>Cancer</b>	<b>3</b>	<b>\$249.12</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$110.48	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$12.48	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	2.10
			<b>Total Cancer:</b>	<b>\$122.96</b>	<b>2.10</b>
<b>Group HI/GAP</b>	<b>5</b>	<b>\$322.14</b>			

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS HYUNDAI OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6115 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF MECHANICSBURG (08989)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$194.63	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$16.14	0.00
			<b>Total Group HI/GAP:</b>	<b>\$210.77</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$357.24</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$122.16	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$17.91	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	3.20
			<b>Total Medical Group:</b>	<b>\$140.07</b>	<b>3.20</b>



07/24/2025

FRED BEANS MAZDA OF MECHANICSBURG  
6115 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS MAZDA OF MECHANICSBURG

**Primary Member Name:** FRED BEANS MAZDA OF MECHANICSBURG

**Primary Member Number:** 09251

Name	MCP
FRED BEANS MAZDA OF MECHANICSBURG	09251

# Schedule A Report

**FRED BEANS MAZDA OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6115 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS MAZDA OF MECHANICSBURG (09251)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>2</b>	<b>\$294.81</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$149.97	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$14.70	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	3.15
			<b>Total Accident Only:</b>	<b>\$164.67</b>	<b>3.15</b>
<b>Cancer</b>	<b>7</b>	<b>\$1,134.12</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$508.30	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$56.70	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	5.95
			<b>Total Cancer:</b>	<b>\$565.00</b>	<b>5.95</b>
<b>Group HI/GAP</b>	<b>5</b>	<b>\$910.14</b>			

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS MAZDA OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6115 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

**FRED BEANS MAZDA OF MECHANICSBURG (09251)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$229.77	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$45.60	0.00
<b>Total Group HI/GAP:</b>				<b>\$275.37</b>	<b>0.00</b>



07/24/2025

FRED BEANS FORD OF WEST CHESTER  
1155 WEST CHESTER PIKE  
WEST CHESTER, PA 19382

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS FORD OF WEST CHESTER

**Primary Member Name:** FRED BEANS FORD LINCOLN MERCURY OF WEST

**Primary Member Number:** 17626

Name	MCP
FRED BEANS FORD LINCOLN MERCURY OF WEST	17626

# Schedule A Report

**FRED BEANS FORD OF WEST CHESTER ATTN MICHELLE APGAR**  
**1155 WEST CHESTER PIKE WEST CHESTER, PA 19382**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS FORD LINCOLN MERCURY OF WEST (17626)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>57</b>	<b>\$14,878.31</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$759.85	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$350.69	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	103.95
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$235.67)	0.00
			<b>Total Accident Only:</b>	<b>\$874.87</b>	<b>103.95</b>
<b>Cancer</b>	<b>43</b>	<b>\$9,751.65</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$280.25	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$255.08	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$104.67	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS FORD OF WEST CHESTER ATTN MICHELLE APGAR**  
**1155 WEST CHESTER PIKE WEST CHESTER, PA 19382**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS FORD LINCOLN MERCURY OF WEST (17626)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			TRION GROUP INC 2300 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406	\$34.32	0.00
			CBIZ BENEFITS & INS SERVICES INC 700 W 47TH ST #1100 KANSAS CITY, MO 64112	\$27.60	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	69.65
<b>Total Cancer:</b>				<b>\$701.92</b>	<b>69.65</b>
<b>Group HI/GAP</b>	<b>4</b>	<b>\$559.62</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$162.20	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$34.02	0.00
<b>Total Group HI/GAP:</b>				<b>\$196.22</b>	<b>0.00</b>
<b>Medical Group</b>	<b>9</b>	<b>\$941.82</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$53.92	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$18.72	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS FORD OF WEST CHESTER ATTN MICHELLE APGAR**  
**1155 WEST CHESTER PIKE WEST CHESTER, PA 19382**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

## ***FRED BEANS FORD LINCOLN MERCURY OF WEST (17626)***

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	7.20
<b>Total Medical Group:</b>				<b>\$72.64</b>	<b>7.20</b>

# Schedule A Report

**FRED BEANS VOLKSWAGEN ATTN MICHELLE APGAR**  
**315 W LANCASTER AVE DEVON, PA 19333**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS VOLKSWAGEN OF DEVON (18756)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>21</b>	<b>\$5,539.75</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$411.77	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$329.77	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$81.00	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	40.95
			<b>Total Accident Only:</b>	<b>\$822.54</b>	<b>40.95</b>
<b>Cancer</b>	<b>17</b>	<b>\$3,269.89</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$238.96	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$50.64	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	36.75
			<b>Total Cancer:</b>	<b>\$289.60</b>	<b>36.75</b>

Wednesday, October 22, 2025



07/24/2025

FRED BEANS LINCOLN  
3960 AIRPORT BLVD  
DOYLESTOWN, PA 18901

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS MOTORS INC

**Primary Member Name:** FRED BEANS LINCOLN

**Primary Member Number:** 23746

Name	MCP
FRED BEANS LINCOLN	23746

# Schedule A Report

**FRED BEANS LINCOLN ATTN MICHELLE APGAR**  
**3960 AIRPORT BLVD DOYLESTOWN, PA 18901**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS LINCOLN (23746)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>9</b>	<b>\$2,639.91</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360  BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902  PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$196.82  \$22.30  \$0.00	0.00  0.00  90.65
<b>Total Accident Only:</b>				<b>\$219.12</b>	<b>90.65</b>
<b>Cancer</b>	<b>1</b>	<b>\$871.23</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360  PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$114.55  \$0.00	0.00  36.75
<b>Total Cancer:</b>				<b>\$114.55</b>	<b>36.75</b>



07/24/2025

Fred Beans Parts Doylestown  
131 DOYLE ST  
DOYLESTOWN, PA 18901

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Parts Doylestown

**Primary Member Name:** FRED BEANS PARTS - DOYLESTOWN

**Primary Member Number:** 36386

Name	MCP
FRED BEANS PARTS - DOYLESTOWN	36386

# Schedule A Report

**Fred Beans Parts Doylestown ATTN MICHELLE APGAR**  
**131 DOYLE ST DOYLESTOWN, PA 18901**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS PARTS - DOYLESTOWN (36386)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>34</b>	<b>\$10,030.09</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$489.96	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$398.78	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$312.10	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	101.15
			<b>Total Accident Only:</b>	<b>\$1,200.84</b>	<b>101.15</b>
<b>Cancer</b>	<b>45</b>	<b>\$13,024.24</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$919.69	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$139.66	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$59.42	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Parts Doylestown ATTN MICHELLE APGAR**  
**131 DOYLE ST DOYLESTOWN, PA 18901**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS PARTS - DOYLESTOWN (36386)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			CBIZ BENEFITS & INS SERVICES INC 700 W 47TH ST #1100 KANSAS CITY, MO 64112	\$26.04	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	108.15
			<b>Total Cancer:</b>	<b>\$1,144.81</b>	<b>108.15</b>
<b>Group HI/GAP</b>	<b>9</b>	<b>\$3,329.28</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$223.20	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$18.72	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$5.99	0.00
			<b>Total Group HI/GAP:</b>	<b>\$247.91</b>	<b>0.00</b>
<b>Medical Group</b>	<b>27</b>	<b>\$4,268.47</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$236.81	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$180.70	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Parts Doylestown ATTN MICHELLE APGAR**  
**131 DOYLE ST DOYLESTOWN, PA 18901**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS PARTS - DOYLESTOWN (36386)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$89.56	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	26.20
<b>Total Medical Group:</b>				<b>\$507.07</b>	<b>26.20</b>



07/24/2025

Carstar of Newtown  
10 N SYCAMORE ST  
NEWTOWN, PA 18940

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

# Schedule A MCP Listing

**Group Name:** Carstar of Newtown

**Primary Member Name:** FRED BEANS CARSTAR OF NEWTOWN

**Primary Member Number:** 37070

Name	MCP
FRED BEANS CARSTAR OF NEWTOWN	37070

# Schedule A Report

Carstar of Newtown ATTN MICHELLE APGAR  
 10 N SYCAMORE ST NEWTOWN, PA 18940

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS CARSTAR OF NEWTOWN (37070)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>2</b>	<b>\$627.36</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$37.70	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$23.90	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$11.28	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.40
			<b>Total Accident Only:</b>	<b>\$72.88</b>	<b>8.40</b>
<b>Cancer</b>	<b>1</b>	<b>\$195.48</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$9.72	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$1.47	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
			<b>Total Cancer:</b>	<b>\$11.19</b>	<b>4.20</b>

Thursday, July 24, 2025

# Schedule A Report

Carstar of Newtown ATTN MICHELLE APGAR  
 10 N SYCAMORE ST NEWTOWN, PA 18940

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS CARSTAR OF NEWTOWN (37070)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Medical Group</b>	<b>12</b>	<b>\$1,105.64</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$55.34	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$7.59	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.20
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$0.00	0.00
			<b>Total Medical Group:</b>	<b>\$62.93</b>	<b>8.20</b>



07/24/2025

Fred Beans Ford of Langhorne  
1939 E LINCOLN HWY  
LANGHORNE, PA 19047

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Ford of Langhorne

**Primary Member Name:** FRED BEANS FORD OF LANGHORNE

**Primary Member Number:** 37243

Name	MCP
FRED BEANS FORD OF LANGHORNE	37243

# Schedule A Report

**Fred Beans Ford of Langhorne ATTN MICHELLE APGAR**  
**1939 E LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF LANGHORNE (37243)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>27</b>	<b>\$7,225.67</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$421.98	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$158.70	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$137.64	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	70.70
			<b>Total Accident Only:</b>	<b>\$718.32</b>	<b>70.70</b>
<b>Cancer</b>	<b>14</b>	<b>\$5,051.70</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$415.19	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$26.77	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	49.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Ford of Langhorne ATTN MICHELLE APGAR**  
**1939 E LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF LANGHORNE (37243)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$76.64)	0.00
			<b>Total Cancer:</b>	<b>\$365.32</b>	<b>49.00</b>
<b>Group HI/GAP</b>	<b>11</b>	<b>\$2,919.94</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$117.73	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$69.36	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$0.33)	0.00
			<b>Total Group HI/GAP:</b>	<b>\$186.76</b>	<b>0.00</b>
<b>Medical Group</b>	<b>33</b>	<b>\$3,146.87</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$283.09	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	28.60
			<b>Total Medical Group:</b>	<b>\$283.09</b>	<b>28.60</b>

Thursday, July 24, 2025



07/24/2025

Fred Beans Volkswagen of Doylestown  
3709 PENNSYLVANIA 611  
DOYLESTOWN, PA 18902

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Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

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Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Volkswagen of Doylestown

**Primary Member Name:** FRED BEANS VOLKSWAGEN OF DOYLESTOWN

**Primary Member Number:** 38188

Name	MCP
FRED BEANS VOLKSWAGEN OF DOYLESTOWN	38188

# Schedule A Report

**Fred Beans Volkswagen of Doylestown ATTN MICHELLE APGAR**  
**3709 PENNSYLVANIA 611 DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS VOLKSWAGEN OF DOYLESTOWN (38188)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>21</b>	<b>\$4,999.80</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$318.36	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$207.29	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$145.99	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	34.30
			<b>Total Accident Only:</b>	<b>\$671.64</b>	<b>34.30</b>
<b>Cancer</b>	<b>11</b>	<b>\$1,891.02</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$133.07	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$77.70	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$45.42	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Volkswagen of Doylestown ATTN MICHELLE APGAR**  
**3709 PENNSYLVANIA 611 DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS VOLKSWAGEN OF DOYLESTOWN (38188)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	30.45
			<b>Total Cancer:</b>	<b>\$256.19</b>	<b>30.45</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$386.46</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$19.32	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$3.00	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$63.50)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$41.18)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$424.38</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$133.97	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$15.24	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$13.14	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Volkswagen of Doylestown ATTN MICHELLE APGAR**  
**3709 PENNSYLVANIA 611 DOYLESTOWN, PA 18902**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS VOLKSWAGEN OF DOYLESTOWN (38188)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	6.00
<b>Total Medical Group:</b>				<b>\$162.35</b>	<b>6.00</b>

# Schedule A Report

**FRED BEANS MANAGEMENT COMPANY INC ATTN MICHELLE APGAR**  
**3960 AIRPORT BLVD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS MANAGEMENT COMPANY INC (38991)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>11</b>	<b>\$2,736.06</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$106.65	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$101.86	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	28.35
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$286.05)	0.00
			<b>Total Accident Only:</b>	<b>(\$77.54)</b>	<b>28.35</b>
<b>Cancer</b>	<b>17</b>	<b>\$3,632.64</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$344.98	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$202.85	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$7.08	0.00

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS MANAGEMENT COMPANY INC ATTN MICHELLE APGAR**  
**3960 AIRPORT BLVD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS MANAGEMENT COMPANY INC (38991)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	42.00
<b>Total Cancer:</b>				<b>\$554.91</b>	<b>42.00</b>
<b>Group HI/GAP</b>	<b>8</b>	<b>\$3,530.36</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$249.07	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$56.04	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$66.53)	0.00
<b>Total Group HI/GAP:</b>				<b>\$238.58</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$393.69</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$38.64	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
<b>Total Medical Group:</b>				<b>\$38.64</b>	<b>4.80</b>

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS HONDA OF ABINGTON ATTN MICHELLE APGAR**  
**1543 EASTON RD ABINGTON, PA 19001**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HONDA OF ABINGTON (39300)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>14</b>	<b>\$5,861.36</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$572.98	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	59.85
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$365.42)	0.00
			<b>Total Accident Only:</b>	<b>\$207.56</b>	<b>59.85</b>
<b>Cancer</b>	<b>3</b>	<b>\$2,403.78</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$237.10	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	25.20
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$377.31)	0.00
			<b>Total Cancer:</b>	<b>(\$140.21)</b>	<b>25.20</b>
<b>Group HI/GAP</b>	<b>0</b>	<b>\$435.54</b>			

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS HONDA OF ABINGTON ATTN MICHELLE APGAR**  
**1543 EASTON RD ABINGTON, PA 19001**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HONDA OF ABINGTON (39300)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$23.40	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$155.23)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$131.83)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$625.18</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$62.28	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$71.83)	0.00
			<b>Total Medical Group:</b>	<b>(\$9.55)</b>	<b>4.20</b>

# Schedule A Report

**FRED BEANS HYUNDAI OF ABINGTON ATTN MICHELLE APGAR**  
**1645 EASTON RD WILLOW GROVE, PA 19090**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF ABINGTON (39302)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>8</b>	<b>\$2,364.34</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$238.79	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	21.35
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$21.06)	0.00
			<b>Total Accident Only:</b>	<b>\$217.73</b>	<b>21.35</b>
<b>Cancer</b>	<b>6</b>	<b>\$1,205.34</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$117.33	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$113.16	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	13.65
			<b>Total Cancer:</b>	<b>\$230.49</b>	<b>13.65</b>
<b>Group HI/GAP</b>	<b>8</b>	<b>\$1,009.80</b>			

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS HYUNDAI OF ABINGTON ATTN MICHELLE APGAR**  
**1645 EASTON RD WILLOW GROVE, PA 19090**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF ABINGTON (39302)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$77.76	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$98.21)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$20.45)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>12</b>	<b>\$884.24</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$86.48	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	10.40
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$19.02)	0.00
			<b>Total Medical Group:</b>	<b>\$67.46</b>	<b>10.40</b>



07/24/2025

FRED BEANS CARSTAR OF NEW CUMBERLAND  
100 15TH ST  
NEW CUMBERLAND, PA 17070

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS CARSTAR OF NEW CUMBERLAND

**Primary Member Name:** FRED BEANS CARSTAR OF NEW CUMBERLAND

**Primary Member Number:** 47343

Name	MCP
FRED BEANS CARSTAR OF NEW CUMBERLAND	47343

# Schedule A Report

**FRED BEANS CARSTAR OF NEW CUMBERLAND ATTN MICHELLE APGAR**  
**100 15TH ST NEW CUMBERLAND, PA 17070**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS CARSTAR OF NEW CUMBERLAND (47343)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>1</b>	<b>\$198.45</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$158.43	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$1.98	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	1.75
			<b>Total Accident Only:</b>	<b>\$160.41</b>	<b>1.75</b>



07/24/2025

Fred Beans Hyundai of Langhorne  
1106 E LINCOLN HWY  
LANGHORNE, PA 19047

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Hyundai of Langhorne

**Primary Member Name:** FRED BEANS HYUNDAI OF LANGHORNE

**Primary Member Number:** 48150

Name	MCP
FRED BEANS HYUNDAI OF LANGHORNE	48150

# Schedule A Report

**Fred Beans Hyundai of Langhorne ATTN MICHELLE APGAR**  
**1106 E LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF LANGHORNE (48150)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>11</b>	<b>\$3,397.36</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$394.12	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$153.30	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$88.60	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	35.00
			<b>Total Accident Only:</b>	<b>\$636.02</b>	<b>35.00</b>
<b>Cancer</b>	<b>6</b>	<b>\$1,886.83</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$392.92	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$112.65	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$32.76	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Hyundai of Langhorne ATTN MICHELLE APGAR**  
**1106 E LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF LANGHORNE (48150)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	22.05
			<b>Total Cancer:</b>	<b>\$538.33</b>	<b>22.05</b>
<b>Group HI/GAP</b>	<b>4</b>	<b>\$1,109.68</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$76.54	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$63.32	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$16.40	0.00
			<b>Total Group HI/GAP:</b>	<b>\$156.26</b>	<b>0.00</b>
<b>Medical Group</b>	<b>15</b>	<b>\$1,113.50</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$100.16	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$11.20	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$0.31	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Hyundai of Langhorne ATTN MICHELLE APGAR**  
**1106 E LINCOLN HWY LANGHORNE, PA 19047**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS HYUNDAI OF LANGHORNE (48150)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	12.20
<b>Total Medical Group:</b>				<b>\$111.67</b>	<b>12.20</b>



07/24/2025

Fred Beans Hundai of Flemington  
180 US 202  
FLEMINGTON, NJ 08822

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Hundai of Flemington

**Primary Member Name:** FRED BEANS HYUNDAI OF FLEMINGTON

**Primary Member Number:** 48343

Name	MCP
FRED BEANS HYUNDAI OF FLEMINGTON	48343

# Schedule A Report

**Fred Beans Hundai of Flemington ATTN MICHELLE APGAR**  
**180 US 202 FLEMINGTON, NJ 08822**

Plan/Contract Year: 7/1/2024 - 6/30/2025

Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company

Part I (b) EIN: 73-0714500

Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF FLEMINGTON (48343)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>11</b>	<b>\$2,063.49</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$230.87	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$75.85	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$60.73	0.00
			NJ CAR SERVICES INC 856 RIVER RD TRENTON, NJ 08628	\$20.47	0.00
			<b>Total Accident Only:</b>	<b>\$387.92</b>	<b>0.00</b>
<b>Medical Group</b>	<b>12</b>	<b>\$1,517.64</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$98.62	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$52.32	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$50.22	0.00
			<b>Total Medical Group:</b>	<b>\$201.16</b>	<b>0.00</b>

Thursday, July 24, 2025



07/24/2025

Fred Beans Kia of Langhorne  
1801 EAST LINCOLN HWY  
LANGHORNE, PA 19047

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

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Sincerely,

Agent Compensation  
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American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Kia of Langhorne

**Primary Member Name:** FRED BEANS KIA OF LANGHORNE

**Primary Member Number:** 49796

Name	MCP
FRED BEANS KIA OF LANGHORNE	49796

# Schedule A Report

**Fred Beans Kia of Langhorne** ATTN MICHELLE APGAR  
**1801 EAST LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS KIA OF LANGHORNE (49796)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>4</b>	<b>\$728.07</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$80.13	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$64.19	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$7.30	0.00
			<b>Total Accident Only:</b>	<b>\$151.62</b>	<b>0.00</b>
<b>Cancer</b>	<b>1</b>	<b>\$459.25</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$21.50	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$6.87	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$4.63	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$0.00	0.00
			<b>Total Cancer:</b>	<b>\$33.00</b>	<b>0.00</b>

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Kia of Langhorne ATTN MICHELLE APGAR**  
**1801 EAST LINCOLN HWY LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS KIA OF LANGHORNE (49796)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Medical Group</b>	<b>9</b>	<b>\$344.52</b>	MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$31.08	0.00
			<b>Total Medical Group:</b>	<b>\$31.08</b>	<b>0.00</b>



07/24/2025

Car star of Flemington  
180 US 202 BUILDING B  
FLEMINGTON, NJ 08822

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Car star of Flemington

**Primary Member Name:** FRED BEANS CARSTAR OF FLEMINGTON

**Primary Member Number:** 49799

Name	MCP
FRED BEANS CARSTAR OF FLEMINGTON	49799

# Schedule A Report

Car star of Flemington ATTN MICHELLE APGAR  
 180 US 202 BUILDING B FLEMINGTON, NJ 08822

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS CARSTAR OF FLEMINGTON (49799)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>8</b>	<b>\$2,605.38</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$145.28	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$54.11	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$26.17	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$85.11)	0.00
			<b>Total Accident Only:</b>	<b>\$140.45</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$1,344.05</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$70.43	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$53.94	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$32.52	0.00
			<b>Total Medical Group:</b>	<b>\$156.89</b>	<b>0.00</b>

Thursday, July 24, 2025



07/24/2025

Carstar of Mechanicsburg  
6302 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
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Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Carstar of Mechanicsburg

**Primary Member Name:** FRED BEANS CARSTAR OF MECHANICSBURG

**Primary Member Number:** 49806

Name	MCP
FRED BEANS CARSTAR OF MECHANICSBURG	49806

# Schedule A Report

Carstar of Mechanicsburg ATTN MICHELLE APGAR  
 6302 CARLISLE PIKE MECHANICSBURG, PA 17050

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS CARSTAR OF MECHANICSBURG (49806)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>3</b>	<b>\$1,247.51</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$295.49	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$91.33	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$12.55	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$11.65	0.00
			<b>Total Accident Only:</b>	<b>\$411.02</b>	<b>0.00</b>
<b>Cancer</b>	<b>1</b>	<b>\$1,063.39</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$78.51	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$10.61	0.00
			<b>Total Cancer:</b>	<b>\$89.12</b>	<b>0.00</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$321.42</b>			

Thursday, July 24, 2025

# Schedule A Report

**Carstar of Mechanicsburg ATTN MICHELLE APGAR**  
**6302 CARLISLE PIKE MECHANICSBURG, PA 17050**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

## **FRED BEANS CARSTAR OF MECHANICSBURG (49806)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$26.40	0.00
<b>Total Group HI/GAP:</b>				<b>\$26.40</b>	<b>0.00</b>
<b>Medical Group</b>	<b>0</b>	<b>\$131.18</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$11.83	0.00
<b>Total Medical Group:</b>				<b>\$11.83</b>	<b>0.00</b>



07/24/2025

Fred Beans Kia of Mechanicsburg  
6302 CARLISLE PIKE  
MECHANICSBURG, PA 17050

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Kia of Mechanicsburg

**Primary Member Name:** FRED BEANS KIA OF MECHANICSBURG

**Primary Member Number:** 49819

Name	MCP
FRED BEANS KIA OF MECHANICSBURG	49819

# Schedule A Report

**Fred Beans Kia of Mechanicsburg ATTN MICHELLE APGAR**  
**6302 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025

Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company

Part I (b) EIN: 73-0714500

Part I (c) NAIC Code: 60410

## **FRED BEANS KIA OF MECHANICSBURG (49819)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>17</b>	<b>\$5,123.11</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$270.33	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$107.47	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$51.38	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$44.35	0.00
			<b>Total Accident Only:</b>	<b>\$473.53</b>	<b>0.00</b>
<b>Cancer</b>	<b>9</b>	<b>\$1,695.60</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$100.59	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$49.29	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$17.10	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Kia of Mechanicsburg ATTN MICHELLE APGAR**  
**6302 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025

Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company

Part I (b) EIN: 73-0714500

Part I (c) NAIC Code: 60410

## **FRED BEANS KIA OF MECHANICSBURG (49819)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$12.60	0.00
<b>Total Cancer:</b>				<b>\$179.58</b>	<b>0.00</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$589.20</b>	MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$53.04	0.00
<b>Total Group HI/GAP:</b>				<b>\$53.04</b>	<b>0.00</b>

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS FORD OF WASHINGTON ATTN MICHELLE APGAR**  
**359 NJ-31 WASHINGTON, NJ 07882**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF WASHINGTON (56565)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>22</b>	<b>\$4,113.78</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$180.50	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$167.19	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$135.25	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	42.00
			<b>Total Accident Only:</b>	<b>\$482.94</b>	<b>42.00</b>
<b>Cancer</b>	<b>1</b>	<b>\$427.22</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$72.07	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$41.61	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	5.25
			<b>Total Cancer:</b>	<b>\$113.68</b>	<b>5.25</b>

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS FORD OF WASHINGTON ATTN MICHELLE APGAR**  
**359 NJ-31 WASHINGTON, NJ 07882**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF WASHINGTON (56565)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Group HI/GAP</b>	<b>6</b>	<b>\$1,102.97</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$37.69	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$24.60	0.00
			<b>Total Group HI/GAP:</b>	<b>\$62.29</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$630.19</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$34.43	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$5.15	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$18.19)	0.00
			<b>Total Medical Group:</b>	<b>\$21.39</b>	<b>4.80</b>

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS MAZDA OF ABINGTON ATTN MICHELLE APGAR**  
**1601 EAST RD WILLOW GROVE, PA 19090**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS MAZDA OF ABINGTON (59189)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>1</b>	<b>\$868.09</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$85.17	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.75
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$77.72)	0.00
			<b>Total Accident Only:</b>	<b>\$7.45</b>	<b>8.75</b>
<b>Cancer</b>	<b>2</b>	<b>\$896.61</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$152.32	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$88.20	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.40
			<b>Total Cancer:</b>	<b>\$240.52</b>	<b>8.40</b>
<b>Group HI/GAP</b>	<b>0</b>	<b>\$206.85</b>			

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS MAZDA OF ABINGTON ATTN MICHELLE APGAR**  
**1601 EAST RD WILLOW GROVE, PA 19090**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS MAZDA OF ABINGTON (59189)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$11.84	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$58.97)	0.00
			<b>Total Group HI/GAP:</b>	<b>(\$47.13)</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$780.01</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$76.56	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$37.40)	0.00
			<b>Total Medical Group:</b>	<b>\$39.16</b>	<b>4.80</b>

Wednesday, October 22, 2025



07/24/2025

Fred Beans Toyota of Flemington  
174 RTE 202  
FLEMINGTON, NJ 08822

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American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Toyota of Flemington

**Primary Member Name:** FRED BEANS TOYOTA OF FLEMINGTON

**Primary Member Number:** 59606

Name	MCP
FRED BEANS TOYOTA OF FLEMINGTON	59606

# Schedule A Report

**Fred Beans Toyota of Flemington ATTN MICHELLE APGAR**  
**174 RTE 202 FLEMINGTON, NJ 08822**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS TOYOTA OF FLEMINGTON (59606)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>20</b>	<b>\$5,299.20</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$231.79	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$148.45	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$115.86	0.00
			NJ CAR SERVICES INC 856 RIVER RD TRENTON, NJ 08628	\$45.48	0.00
			<b>Total Accident Only:</b>	<b>\$541.58</b>	<b>0.00</b>
<b>Cancer</b>	<b>6</b>	<b>\$1,107.10</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$99.71	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$73.29	0.00
			NJ CAR SERVICES INC 856 RIVER RD TRENTON, NJ 08628	\$9.27	0.00
			<b>Total Cancer:</b>	<b>\$182.27</b>	<b>0.00</b>

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Toyota of Flemington ATTN MICHELLE APGAR**  
**174 RTE 202 FLEMINGTON, NJ 08822**

Plan/Contract Year: 7/1/2024 - 6/30/2025

Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company

Part I (b) EIN: 73-0714500

Part I (c) NAIC Code: 60410

## **FRED BEANS TOYOTA OF FLEMINGTON (59606)**

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<b>Group HI/GAP</b>	<b>7</b>	<b>\$1,627.09</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$52.05	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$44.28	0.00
			NJ CAR SERVICES INC 856 RIVER RD TRENTON, NJ 08628	\$11.05	0.00
			<b>Total Group HI/GAP:</b>	<b>\$107.38</b>	<b>0.00</b>
<b>Medical Group</b>	<b>51</b>	<b>\$3,634.00</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$281.76	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$193.89	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$27.25	0.00
			<b>Total Medical Group:</b>	<b>\$502.90</b>	<b>0.00</b>

Thursday, July 24, 2025



07/24/2025

FRED BEANS COLLISION CENTER  
1100 AIRPORT BLVD  
DOYLESTOWN, PA 18902

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Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS COLLISION CENTER

**Primary Member Name:** FRED BEANS CARSTAR OF DOYLESTOWN

**Primary Member Number:** 66043

Name	MCP
FRED BEANS CARSTAR OF DOYLESTOWN	66043

# Schedule A Report

**FRED BEANS COLLISION CENTER ATTN MICHELLE APGAR**  
**1100 AIRPORT BLVD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS CARSTAR OF DOYLESTOWN (66043)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>16</b>	<b>\$5,787.22</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$250.39	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$192.94	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$110.49	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	49.00
			<b>Total Accident Only:</b>	<b>\$553.82</b>	<b>49.00</b>
<b>Cancer</b>	<b>17</b>	<b>\$5,194.26</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$229.93	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$89.78	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	40.60

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS COLLISION CENTER ATTN MICHELLE APGAR**  
**1100 AIRPORT BLVD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS CARSTAR OF DOYLESTOWN (66043)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$45.71)	0.00
			<b>Total Cancer:</b>	<b>\$274.00</b>	<b>40.60</b>
<b>Medical Group</b>	<b>3</b>	<b>\$224.88</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$134.51	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$11.28	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$1.69	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	2.40
			<b>Total Medical Group:</b>	<b>\$147.48</b>	<b>2.40</b>



07/24/2025

AUTORENT OF DOYLESTOWN  
4469 W SWAMP RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** AUTORENT OF DOYLESTOWN

**Primary Member Name:** AUTORENT OF DOYLESTOWN

**Primary Member Number:** 67002

Name	MCP
AUTORENT OF DOYLESTOWN	67002

# Schedule A Report

**AUTORENT OF DOYLESTOWN ATTN MICHELLE APGAR**  
**4469 W SWAMP RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **AUTORENT OF DOYLESTOWN (67002)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>7</b>	<b>\$1,551.36</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$100.18	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$23.88	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	12.60
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$63.26)	0.00
			<b>Total Accident Only:</b>	<b>\$60.80</b>	<b>12.60</b>
<b>Cancer</b>	<b>5</b>	<b>\$902.64</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$79.15	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$30.96	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$30.08	0.00

Thursday, July 24, 2025

# Schedule A Report

**AUTORENT OF DOYLESTOWN ATTN MICHELLE APGAR**  
**4469 W SWAMP RD DOYLESTOWN, PA 18902**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

## **AUTORENT OF DOYLESTOWN (67002)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.40
			<b>Total Cancer:</b>	<b>\$140.19</b>	<b>8.40</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$193.44</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$142.26	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$9.72	0.00
			<b>Total Group HI/GAP:</b>	<b>\$151.98</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$256.92</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$77.51	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$23.04	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
			<b>Total Medical Group:</b>	<b>\$100.55</b>	<b>4.80</b>

Thursday, July 24, 2025



07/24/2025

FRED BEANS BUICK OF MECHANICSBURG  
6251 CARLISLE PIKE  
MECHANICSBURG, PA 17050

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS BUICK OF MECHANICSBURG

**Primary Member Name:** FRED BEANS BUICK OF MECHANICSBURG

**Primary Member Number:** 68353

Name	MCP
FRED BEANS BUICK OF MECHANICSBURG	68353

# Schedule A Report

**FRED BEANS BUICK OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6251 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS BUICK OF MECHANICSBURG (68353)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>7</b>	<b>\$1,618.63</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$562.73	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$80.83	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	12.95
			<b>Total Accident Only:</b>	<b>\$643.56</b>	<b>12.95</b>
<b>Cancer</b>	<b>1</b>	<b>\$686.85</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$114.93	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$34.32	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
			<b>Total Cancer:</b>	<b>\$149.25</b>	<b>4.20</b>
<b>Group HI/GAP</b>	<b>4</b>	<b>\$856.38</b>			

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS BUICK OF MECHANICSBURG ATTN MICHELLE APGAR**  
**6251 CARLISLE PIKE MECHANICSBURG, PA 17050**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS BUICK OF MECHANICSBURG (68353)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$320.87	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$42.87	0.00
			<b>Total Group HI/GAP:</b>	<b>\$363.74</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$7.98</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$9.36	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$0.40	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	0.40
			<b>Total Medical Group:</b>	<b>\$9.76</b>	<b>0.40</b>

# Schedule A Report

**FRED BEANS HYUNDAI ATTN KELLI MCGOWAN**  
**830 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF DOYLESTOWN (68953)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>13</b>	<b>\$3,205.40</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$149.65	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$100.20	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	37.80
			<b>Total Accident Only:</b>	<b>\$249.85</b>	<b>37.80</b>
<b>Cancer</b>	<b>5</b>	<b>\$1,470.70</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$69.57	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$45.36	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	16.80
			<b>Total Cancer:</b>	<b>\$114.93</b>	<b>16.80</b>
<b>Group HI/GAP</b>	<b>6</b>	<b>\$1,585.76</b>			

Wednesday, October 22, 2025

# Schedule A Report

**FRED BEANS HYUNDAI ATTN KELLI MCGOWAN**  
**830 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS HYUNDAI OF DOYLESTOWN (68953)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$67.91	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$24.38	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$66.34)	0.00
<b>Total Group HI/GAP:</b>				<b>\$25.95</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$43.89</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$4.32	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	2.40
<b>Total Medical Group:</b>				<b>\$4.32</b>	<b>2.40</b>

Wednesday, October 22, 2025



07/24/2025

FRED BEANS NISSAN OF DOYLESTOWN  
4469 W SWAMP RD  
DOYLESTOWN, PA 18901

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS NISSAN OF DOYLESTOWN

**Primary Member Name:** FRED BEANS NISSAN OF DOYLESTOWN

**Primary Member Number:** 69341

Name	MCP
FRED BEANS NISSAN OF DOYLESTOWN	69341

# Schedule A Report

**FRED BEANS NISSAN OF DOYLESTOWN ATTN MICHELLE APGAR**  
**4469 W SWAMP RD DOYLESTOWN, PA 18901**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS NISSAN OF DOYLESTOWN (69341)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>6</b>	<b>\$2,165.93</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$113.74	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$50.18	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	21.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$55.65)	0.00
			<b>Total Accident Only:</b>	<b>\$108.27</b>	<b>21.00</b>
<b>Cancer</b>	<b>1</b>	<b>\$292.80</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$27.72	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$14.64	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$2.20	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS NISSAN OF DOYLESTOWN ATTN MICHELLE APGAR**  
**4469 W SWAMP RD DOYLESTOWN, PA 18901**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS NISSAN OF DOYLESTOWN (69341)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
			<b>Total Cancer:</b>	<b>\$44.56</b>	<b>4.20</b>
<b>Group HI/GAP</b>	<b>2</b>	<b>\$876.51</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$63.80	0.00
			<b>Total Group HI/GAP:</b>	<b>\$63.80</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$184.65</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$9.27	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$2.00	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	3.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$27.48)	0.00
			<b>Total Medical Group:</b>	<b>(\$16.21)</b>	<b>3.00</b>

Thursday, July 24, 2025



07/24/2025

FRED BEANS FORD LINC MERC MITSU  
864 N EASTON RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

# Schedule A MCP Listing

**Group Name:** FRED BEANS FORD LINC MERC MITSU

**Primary Member Name:** FRED BEANS FORD INC

**Primary Member Number:** 73786

Name	MCP
FRED BEANS FORD INC	73786

# Schedule A Report

**FRED BEANS FORD LINC MERC MITSU ATTN VALERIE MORTON**  
**864 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD INC (73786)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>42</b>	<b>\$12,915.72</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$861.58	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$598.83	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$344.21	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	120.05
			<b>Total Accident Only:</b>	<b>\$1,804.62</b>	<b>120.05</b>
<b>Cancer</b>	<b>25</b>	<b>\$5,187.42</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$606.26	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$266.47	0.00
			TRION GROUP INC 2300 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406	\$98.52	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS FORD LINC MERC MITSU ATTN VALERIE MORTON**  
**864 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD INC (73786)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$51.62	0.00
			CBIZ BENEFITS & INS SERVICES INC 700 W 47TH ST #1100 KANSAS CITY, MO 64112	\$26.04	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	53.20
<b>Total Cancer:</b>				<b>\$1,048.91</b>	<b>53.20</b>
<b>Group HI/GAP</b>	<b>19</b>	<b>\$5,967.75</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$294.47	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$81.36	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$0.94	0.00
<b>Total Group HI/GAP:</b>				<b>\$376.77</b>	<b>0.00</b>
<b>Medical Group</b>	<b>18</b>	<b>\$1,515.72</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$136.44	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS FORD LINC MERC MITSU ATTN VALERIE MORTON**  
**864 N EASTON RD DOYLESTOWN, PA 18902**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

**FRED BEANS FORD INC (73786)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$39.87	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	14.40
<b>Total Medical Group:</b>				<b>\$176.31</b>	<b>14.40</b>



07/24/2025

FRED BEANS OF BOYERTOWN  
P O BOX 524  
BOYERTOWN, PA 19512

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS OF BOYERTOWN

**Primary Member Name:** FRED BEANS FORD OF BOYERTOWN

**Primary Member Number:** 84582

Name	MCP
FRED BEANS FORD OF BOYERTOWN	84582

# Schedule A Report

**FRED BEANS OF BOYERTOWN ATTN CHRISTINE HALTERMAN  
P O BOX 524 BOYERTOWN, PA 19512**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF BOYERTOWN (84582)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>56</b>	<b>\$15,669.70</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$778.37	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$384.52	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$268.44	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	128.10
			<b>Total Accident Only:</b>	<b>\$1,431.33</b>	<b>128.10</b>
<b>Cancer</b>	<b>19</b>	<b>\$3,966.13</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$737.43	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$242.97	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$71.38	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS OF BOYERTOWN ATTN CHRISTINE HALTERMAN**  
**P O BOX 524 BOYERTOWN, PA 19512**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF BOYERTOWN (84582)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	50.75
			<b>Total Cancer:</b>	<b>\$1,051.78</b>	<b>50.75</b>
<b>Group HI/GAP</b>	<b>14</b>	<b>\$3,222.32</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$154.17	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$18.72	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$28.91)	0.00
			<b>Total Group HI/GAP:</b>	<b>\$143.98</b>	<b>0.00</b>
<b>Medical Group</b>	<b>36</b>	<b>\$1,584.99</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$83.40	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$65.38	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$36.48	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS OF BOYERTOWN ATTN CHRISTINE HALTERMAN  
P O BOX 524 BOYERTOWN, PA 19512**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## ***FRED BEANS FORD OF BOYERTOWN (84582)***

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	27.40
<b>Total Medical Group:</b>				<b>\$185.26</b>	<b>27.40</b>



07/24/2025

Ford of Exton  
415 W LINCOLN HWY  
EXTON, PA 19341

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

# Schedule A MCP Listing

**Group Name:** Ford of Exton  
**Primary Member Name:** FRED BEANS FORD OF EXTON  
**Primary Member Number:** 84945

Name	MCP
FRED BEANS FORD OF EXTON	84945

# Schedule A Report

Ford of Exton ATTN MICHELLE APGAR  
 415 W LINCOLN HWY EXTON, PA 19341

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS FORD OF EXTON (84945)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>19</b>	<b>\$6,707.97</b>			
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$294.52	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$255.34	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$55.43	0.00
			<b>Total Accident Only:</b>	<b>\$605.29</b>	<b>0.00</b>
<b>Cancer</b>	<b>6</b>	<b>\$1,924.40</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$299.28	0.00
			PENNSYLVANIA AUTO ASSOC INS AGY INC C/O JOHN KULP HARRISBURG, PA 17105	\$79.56	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$21.99	0.00
			<b>Total Cancer:</b>	<b>\$400.83</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$120.36</b>			

Thursday, July 24, 2025

# Schedule A Report

**Ford of Exton ATTN MICHELLE APGAR**  
**415 W LINCOLN HWY EXTON, PA 19341**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS FORD OF EXTON (84945)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$6.00	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$0.00	0.00
<b>Total Medical Group:</b>				<b>\$6.00</b>	<b>0.00</b>



07/24/2025

AUTO EXPRESS OF DOYLESTOWN  
838 N EASTON RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** AUTO EXPRESS OF DOYLESTOWN  
**Primary Member Name:** AUTO EXPRESS OF DOYLESTOWN  
**Primary Member Number:** 94209

Name	MCP
AUTO EXPRESS OF DOYLESTOWN	94209

# Schedule A Report

**AUTO EXPRESS OF DOYLESTOWN ATTN MICHELLE APGAR**  
**838 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **AUTO EXPRESS OF DOYLESTOWN (94209)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>13</b>	<b>\$4,546.47</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$353.11	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$326.84	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$33.96	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	38.50
			<b>Total Accident Only:</b>	<b>\$713.91</b>	<b>38.50</b>
<b>Cancer</b>	<b>7</b>	<b>\$1,806.48</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$162.63	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	17.85
			<b>Total Cancer:</b>	<b>\$162.63</b>	<b>17.85</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$193.44</b>			

Thursday, July 24, 2025

# Schedule A Report

**AUTO EXPRESS OF DOYLESTOWN ATTN MICHELLE APGAR**  
**838 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **AUTO EXPRESS OF DOYLESTOWN (94209)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$9.72	0.00
<b>Total Group HI/GAP:</b>				<b>\$9.72</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$237.12</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$21.36	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
<b>Total Medical Group:</b>				<b>\$21.36</b>	<b>4.80</b>



07/24/2025

FRED BEANS CADILLAC BUICK GMC SAAB  
841 N EASTON RD  
DOYLESTOWN, PA 18902

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Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS CADILLAC BUICK GMC SAAB

**Primary Member Name:** FRED BEANS CADILLAC BUICK GMC OF DOYLEST

**Primary Member Number:** 94210

Name	MCP
FRED BEANS CADILLAC BUICK GMC OF DOYLEST	94210

# Schedule A Report

**FRED BEANS CADILLAC BUICK GMC SAAB ATTN MICHELLE APGAR**  
**841 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
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 Part I (c) NAIC Code: 60410

## **FRED BEANS CADILLAC BUICK GMC OF DOYLEST (94210)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>10</b>	<b>\$4,035.42</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$330.93	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$100.35	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$17.82	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	34.30
			<b>Total Accident Only:</b>	<b>\$449.10</b>	<b>34.30</b>
<b>Cancer</b>	<b>7</b>	<b>\$1,590.93</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$86.00	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$84.98	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$33.24	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS CADILLAC BUICK GMC SAAB ATTN MICHELLE APGAR**  
**841 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
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 Part I (c) NAIC Code: 60410

## **FRED BEANS CADILLAC BUICK GMC OF DOYLEST (94210)**

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			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	18.55
<b>Total Cancer:</b>				<b>\$204.22</b>	<b>18.55</b>
<b>Group HI/GAP</b>	<b>4</b>	<b>\$1,684.41</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$71.76	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$69.50	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$36.18	0.00
<b>Total Group HI/GAP:</b>				<b>\$177.44</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$200.91</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$22.62	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$10.80	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$4.05	0.00

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS CADILLAC BUICK GMC SAAB ATTN MICHELLE APGAR  
841 N EASTON RD DOYLESTOWN, PA 18902**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

***FRED BEANS CADILLAC BUICK GMC OF DOYLEST (94210)***

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.20
<b>Total Medical Group:</b>				<b>\$37.47</b>	<b>4.20</b>



07/24/2025

FRED BEANS SUBARU  
835 N EASTON RD  
DOYLESTOWN, PA 18902

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Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** FRED BEANS SUBARU

**Primary Member Name:** FRED BEANS SUBARU OF DOYLESTOWN

**Primary Member Number:** 94211

Name	MCP
FRED BEANS SUBARU OF DOYLESTOWN	94211

# Schedule A Report

**FRED BEANS SUBARU ATTN MICHELLE APGAR**  
**835 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## FRED BEANS SUBARU OF DOYLESTOWN (94211)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>4</b>	<b>\$1,467.69</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$100.35	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$75.01	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$33.66	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	16.80
			<b>Total Accident Only:</b>	<b>\$209.02</b>	<b>16.80</b>
<b>Cancer</b>	<b>2</b>	<b>\$545.04</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$49.08	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$28.27	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.40
			<b>Total Cancer:</b>	<b>\$77.35</b>	<b>8.40</b>

Thursday, July 24, 2025

# Schedule A Report

**FRED BEANS SUBARU ATTN MICHELLE APGAR**  
**835 N EASTON RD DOYLESTOWN, PA 18902**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS SUBARU OF DOYLESTOWN (94211)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Medical Group</b>	<b>12</b>	<b>\$571.80</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$20.56	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$18.72	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	9.60
			<b>Total Medical Group:</b>	<b>\$39.28</b>	<b>9.60</b>



07/24/2025

NOBLE ADVERTISING  
864 N EASTON RD  
DOYLESTOWN, PA 18902

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** NOBLE ADVERTISING

**Primary Member Name:** NOBLE ADVERTISING

**Primary Member Number:** 94215

Name	MCP
NOBLE ADVERTISING	94215

# Schedule A Report

**NOBLE ADVERTISING ATTN MICHELLE APGAR**  
**864 N EASTON RD DOYLESTOWN, PA 18902**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025  
**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company  
**Part I (b) EIN:** 73-0714500  
**Part I (c) NAIC Code:** 60410

## **NOBLE ADVERTISING (94215)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Cancer</b>	<b>1</b>	<b>\$369.72</b>	BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902  MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428  PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$18.48  \$2.77  \$0.00	0.00  0.00  4.20
			<b>Total Cancer:</b>	<b>\$21.25</b>	<b>4.20</b>



07/24/2025

Carquest of Doylestown  
131 DOYLE ST  
DOYLESTOWN, PA 18901

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Carquest of Doylestown

**Primary Member Name:** CARQUEST OF DOYLESTOWN

**Primary Member Number:** 94251

Name	MCP
CARQUEST OF DOYLESTOWN	94251

# Schedule A Report

Carquest of Doylestown ATTN MICHELLE APGAR  
 131 DOYLE ST DOYLESTOWN, PA 18901

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## CARQUEST OF DOYLESTOWN (94251)

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>3</b>	<b>\$378.18</b>			
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$109.15	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$21.60	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$6.99	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	5.25
			<b>Total Accident Only:</b>	<b>\$137.74</b>	<b>5.25</b>
<b>Cancer</b>	<b>5</b>	<b>\$760.68</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$68.40	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	8.40
			<b>Total Cancer:</b>	<b>\$68.40</b>	<b>8.40</b>
<b>Group HI/GAP</b>	<b>1</b>	<b>\$259.20</b>			

Thursday, July 24, 2025

# Schedule A Report

**Carquest of Doylestown ATTN MICHELLE APGAR**  
**131 DOYLE ST DOYLESTOWN, PA 18901**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **CARQUEST OF DOYLESTOWN (94251)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$23.28	0.00
<b>Total Group HI/GAP:</b>				<b>\$23.28</b>	<b>0.00</b>
<b>Medical Group</b>	<b>3</b>	<b>\$75.12</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$6.72	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	2.40
<b>Total Medical Group:</b>				<b>\$6.72</b>	<b>2.40</b>

Thursday, July 24, 2025



07/24/2025

Fred Beans Ford of Newton  
10 N SYCAMORE ST  
NEWTOWN, PA 18940

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

For complete information on filing and processing requirements, please refer to your Form 5500 Return/Report of Employee Benefit Plan booklet or contact your professional tax adviser.

If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Fred Beans Ford of Newton

**Primary Member Name:** FRED BEANS FORD OF NEWTOWN

**Primary Member Number:** 94770

Name	MCP
FRED BEANS FORD OF NEWTOWN	94770

# Schedule A Report

**Fred Beans Ford of Newton ATTN MICHELLE APGAR**  
**10 N SYCAMORE ST NEWTOWN, PA 18940**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF NEWTOWN (94770)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>2</b>	<b>\$1,017.46</b>	AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$260.03	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$44.54	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$27.03	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	11.55
			<b>Total Accident Only:</b>	<b>\$331.60</b>	<b>11.55</b>
<b>Cancer</b>	<b>4</b>	<b>\$820.68</b>	MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$62.16	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$6.48	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	15.40

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Ford of Newton ATTN MICHELLE APGAR**  
**10 N SYCAMORE ST NEWTOWN, PA 18940**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **FRED BEANS FORD OF NEWTOWN (94770)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$41.18)	0.00
			<b>Total Cancer:</b>	<b>\$27.46</b>	<b>15.40</b>
<b>Group HI/GAP</b>	<b>2</b>	<b>\$684.42</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$34.32	0.00
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	\$7.40	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$1.56	0.00
			<b>Total Group HI/GAP:</b>	<b>\$43.28</b>	<b>0.00</b>
<b>Medical Group</b>	<b>6</b>	<b>\$264.36</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$17.60	0.00
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$3.72	0.00

Thursday, July 24, 2025

# Schedule A Report

**Fred Beans Ford of Newton ATTN MICHELLE APGAR**  
**10 N SYCAMORE ST NEWTOWN, PA 18940**

**Plan/Contract Year:** 7/1/2024 - 6/30/2025

**Part I (a) Name of Insurance Carrier:** American Fidelity Assurance Company

**Part I (b) EIN:** 73-0714500

**Part I (c) NAIC Code:** 60410

## **FRED BEANS FORD OF NEWTOWN (94770)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	4.80
<b>Total Medical Group:</b>				<b>\$21.32</b>	<b>4.80</b>



07/24/2025

Auto Express of Langhorne  
250 N WOODBOURNE RD  
LANGHORNE, PA 19047

Greetings!

Thank you for your business with American Fidelity Assurance. We are excited to provide personalized, financial security solutions to you and your employees.

Enclosed is your Schedule A insurance information, which in most cases must be attached to the IRS Form 5500. The Schedule A is filed for a Welfare Benefit Plan, if any benefits under the plan are provided by an insurance company. The information for the 07/01/2024 through 06/30/2025 plan year is attached.

We will automatically prepare next year's Schedule A information for you (if applicable). You may expect to receive this information within 90 days following the end of your plan year. For example, if your plan year ends 12/31/2020 your Schedule A information will be sent out by 3/31/2021. If you no longer need this information, please contact us so we may update our records.

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If you have any questions regarding your Schedule A information, please contact us. Once again, thank you for your business.

Sincerely,

Agent Compensation  
Financial Management Services  
American Fidelity Assurance  
Toll Free: (866) 638-1691  
Direct: (405) 523-2051  
Fax: (405) 416-8695

## Schedule A MCP Listing

**Group Name:** Auto Express of Langhorne

**Primary Member Name:** AUTO EXPRESS OF LANGHORNE

**Primary Member Number:** 95454

Name	MCP
AUTO EXPRESS OF LANGHORNE	95454

# Schedule A Report

**Auto Express of Langhorne** ATTN MICHELLE APGAR  
**250 N WOODBOURNE RD LANGHORNE, PA 19047**

Plan/Contract Year: 7/1/2024 - 6/30/2025  
 Part I (a) Name of Insurance Carrier: American Fidelity Assurance Company  
 Part I (b) EIN: 73-0714500  
 Part I (c) NAIC Code: 60410

## **AUTO EXPRESS OF LANGHORNE (95454)**

Part I, Sec 1 (d) Contract or Identification Number	Part I, Sec 1 (e) Number of Persons Covered at End of Contract Year	Part III, Sec 9a Total Premium or Subscription Charges to Carrier	Part I, Sec 2 Name and Address of the Agents	Part I, Sec 2 Total Commissions Paid	Part I, Sec 2 Total Fees Paid
<b>Accident Only</b>	<b>0</b>	<b>\$487.10</b>			
			BIG OAK INSURANCE SERVICES 3960 AIRPORT BLVD DOYLESTOWN, PA 18902	\$24.40	0.00
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$4.38	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	3.50
			AMERICAN FIDELITY ASSURANCE COMPANY P. O. BOX 25360 OKLAHOMA CITY, OK 73125-0360	(\$123.14)	0.00
			<b>Total Accident Only:</b>	<b>(\$94.36)</b>	<b>3.50</b>
<b>Cancer</b>	<b>0</b>	<b>\$244.20</b>			
			MARSH & MCLENNAN AGENCY LLC 161 WASHINGTON STREET CONSHOHOCKEN, PA 19428	\$22.00	0.00
			PAA SERVICES INC ATTN JOHN KULP INS DIRECTOR HARRISBURG, PA 17105	\$0.00	3.50
			<b>Total Cancer:</b>	<b>\$22.00</b>	<b>3.50</b>

Thursday, July 24, 2025