

**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 08/01/2024 and ending 07/31/2025

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

<b>1a</b> Name of plan <u>HOME BUILDERS ASSOCIATION OF ALABAMA , INC. HEALTH AND WELFARE PLAN TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOME BUILDERS ASSOCIATION OF ALABAMA</u>  <u>7515 HALCYON SUMMIT DRIVE</u> <u>SUITE 200</u> <u>MONTGOMERY, AL 36117</u>	<b>1c</b> Effective date of plan <u>08/01/2019</u>  <b>2b</b> Employer Identification Number (EIN) <u>84-2263073</u>  <b>2c</b> Plan Sponsor's telephone number <u>334-834-3006</u>  <b>2d</b> Business code (see instructions) <u>525920</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/26/2025	RUSSELL DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input 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>	1132
<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>	1132
	<b>6a(2)</b>	1095
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	1095
	<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>	0

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

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

<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 type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<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>3</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 162129974

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (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 **08/01/2024** and ending **07/31/2025**

<b>A</b> Name of plan <b>HOME BUILDERS ASSOCIATION OF ALABAMA , INC. HEALTH AND WELFARE PLAN TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOME BUILDERS ASSOCIATION OF ALABAMA</b>		<b>D</b> Employer Identification Number (EIN) <b>84-2263073</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

**BLUE CROSS AND BLUE SHIELD OF ALABAMA**

<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>63-0103830</b>	<b>55433</b>	<b>58209</b>	<b>2251</b>	<b>08/01/2024</b>	<b>07/31/2025</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>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

<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:

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	13210773
(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>	13210773
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	11390072
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	94100
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	11484172
(4) Claims charged .....		<b>9b(4)</b>	11484172
<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>	789803	
(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>	211372	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	215899	
(G) Other retention charges .....	<b>9c(1)(G)</b>	-7573	
(H) Total retention .....	<b>9c(1)(H)</b>	1209501	
(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>	965400
(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>
<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 **08/01/2024** and ending **07/31/2025**

<b>A</b> Name of plan <b>HOME BUILDERS ASSOCIATION OF ALABAMA , INC. HEALTH AND WELFARE PLAN TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOME BUILDERS ASSOCIATION OF ALABAMA</b>		<b>D</b> Employer Identification Number (EIN) <b>84-2263073</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

**NATIONWIDE INSURANCE**

<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>31-4156830</b>	<b>00000</b>	<b>G1054-1</b>	<b>1095</b>	<b>08/01/2024</b>	<b>07/31/2025</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>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

**e** Deductions:

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1179660
<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. ▶

DID NOT PROVIDE THE APPROXIMATE NUMBER OF PERSONS COVERED.

<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 **08/01/2024** and ending **07/31/2025**

<p><b>A</b> Name of plan <b>HOME BUILDERS ASSOCIATION OF ALABAMA , INC. HEALTH AND WELFARE PLAN TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOME BUILDERS ASSOCIATION OF ALABAMA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>84-2263073</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  
**VISION SERVICE PLAN**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30099013	720	08/01/2024	07/31/2025

**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</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</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

(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	

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	80753
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>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>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

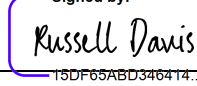
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report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

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

<p><b>1a</b> Name of plan  <u>HOME BUILDERS ASSOCIATION OF ALABAMA , INC. HEALTH AND WELFARE PLAN TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                  Mailing address (include room, apt., suite no. and street, or P.O. Box)                  City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>HOME BUILDERS ASSOCIATION OF ALABAMA</u></p> <p><u>7515 HALCYON SUMMIT DRIVE</u>  <u>SUITE 200</u>  <u>MONTGOMERY, AL 36117</u></p>	<p><b>1c</b> Effective date of plan  <u>08/01/2019</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>84-2263073</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>334-834-3006</u></p> <p><b>2d</b> Business code (see instructions)  <u>525920</u></p>

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

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

<b>SIGN HERE</b>	Signed by:  <small>15DF65ABD346414...</small>	11/26/2025	russell davis
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<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>	1132
<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>	1132
	<b>6a(2)</b>	1095
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	1095
	<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 4D 4E

<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 type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached   3
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (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 000162129974

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Name	Tax ID
A & J Home Improvements	833090817
A & M Pools Inc	
A T Electrical Contractors	844035042
A-1 Electric	
A-1 Plumbing Inc	631058533
AAA General Contractors Inc	630966486
AB Flooring	842939046
Accolade Construction Inc.	201565997
Ace Painting Co. Inc	810557631
Acorn Building, LLC	
AID Security Inc	203261064
Ala Assn of Habitat Affiliates Inc	631140499
Alabama Better Built Homes, Inc.	631035034
Alabama Container Co LLC	161678422
Alabama Custom Flooring and Design, Inc.	27032974
Alabama Dock Specialists	
Alabama Weatherization Services	
Alco Enterprises	630765302
All Air LLC	
All Seamless Gutters LLC	
All Seasons Heating and Air Conditioning	631134470
All South Electrical LLP	582309117
All South Excavating	631120949
Alley's Carpet	631185868
Almaroad Construction	631162350
Alpha Lumber Company	630591826
Alpine Construction LLC	271256080
AMAC Design Builders LLC	814448241
Amanda Howard Real Estate, LLC	204336914
American Electric Inc.	
Amy J Constuction LLC	452785183
ANC Green Solutions	800975775
Andrew's Sewer and Plumbing	
Any Temp Heating and Cooling	800675489
Apaxx Inc	271581438
Apex Propane LLC	920410495
Alpin Construction LLC	261127649
Aquatic Gardens	631072579
ARCHER STORAGE BUILDINGS	
Ardmore Cabinet Shop Inc.	
ARK Builders LLC	631228405

Artisan Masonry Corp.	
ATEC Pest Control	
Athens Glass Service Inc	631179901
Athlon Investments LLC	270585536
Atnip Design & Supply Center, Inc	630683906
Auburn Opelika Habitat for Humanity	631003360
August Professional Service	824360701
AV Pro Communications LLC	271607637
Avery Remodeling	
AVIQ	
B & B Smith Construction	631028392
B & T Painting	263045776
B & C Electric	824644096
B&J Contracting Services LLC	
B&K Contracting	
Backyard Creations	472939566
Bailey & McLane Electrical	474267058
Baker Siding	721347912
Baldwin County HBA	630755864
Bama Air Systems	631032775
Bama Backhoe & Construction	631208064
Bantam Building Performance, LLC	994787859
Bartlett Plastering	631201952
Basic Drywall, Inc.	631139262
Bates Construction	272847084
Bates Plumbing LLC	
Bearden Family Properties	
Ben Stewart Builders LLC	
Best Stamped Concrete	
Bestline Builders	630680229
Beverly Hardeman Realtor	871735665
BH North AL	844095204
Bickerstaff Building Supply	392129983
Big Joe's Masonry	631255577
Bill Hendrix Construction	
Bill White Roofing Specialty Co	
Bin There Dump That	851223589
BirdDog Builders LLC	331367928
Birmingham Gutterman	821617101
Birmingham Restoration Specialists LLC	825310592
Birmingham Woodworks Inc	10713910
Blair's Carpet Installation	421861596

Blue Haven Montgomery	
BMR Homes Inc	743116135
Boyd Construction Company Inc	630745424
Boykin Electrical Company Inc	
Bradford Residential Building LLC	
Bradshaw & Pitts LLC	
Brand Resources Inc	
Brasher Plumbing	
Breckenridge	204283098
Brewer Roofing and Construction	853565504
Brian T Armstrong Construction Inc	462737560
Bridgewood Engineering, LLC	863652847
BROOKS REALTY INVESTMENTS	
Builders Choice Supply Inc	631159738
Bush Home Builders LLC	631238780
Byrd Builders LLC	550890525
C R B Construction	814268977
C Watson Building Co Inc	630924604
C&C Environmental	
C&K ROOFING & CONTRACTOR SERVICES	
Cabinet Designs	631011655
Caddell Home Design, LLC	830708234
Cahaba Cabinets	204965595
Canopy Building Company LLC	
Carden Landscaping, Inc.	
Carlisle Builders	753106540
Carpet One Huntsville	
Carr Construction	134206385
CBC Concrete Inc.	471256145
Centennial Homes LLC	300879032
Central Alabama Flooring, LLC	620739228
Certapro Painters of Hoover	824698955
Chad Bentley Masonry & Contracting LLC	263171424
Chambless Construction LLC	270185883
Champion Portable Buildings	
Chandler Millworks LLC	831635439
Choice Concrete Walls Inc.	630940236
Chris Francis Tree Care	200838186
Chris Jones Construction LLC	831345682
CJR Homes LLC	932234526
Clark's Hardwood Refinishing LLC	473406679
Classic Closets LLC	223870647

Cleverdon Farms Inc.	
Click's Construction LLC	260133111
Coastal Custom Construction	842589012
Coastal Woodworks Inc	631259651
Cochran Investments Inc	263177373
Cockrell Contracting LLC	824855346
Coleman Russell & Associates	
Commercial Residential Contracting	
Contentment Homes LLC	813056805
Cook and Sons Ace Hardware Inc.	630580664
Cornerstone Restoration	
Cosby's Heating & Cooling	721596835
Cosby-Carmichael, Inc.	630576489
Cotter Enterprises, Inc.	630794806
Cottonwood Construction	
Coulson Roofing & Sheetmetal Contractors Inc	631153185
Covenant Homebuilders	
Crocker Homes LLC	465097907
CrossTek Construction	472681537
Cullman Pool Store, LLC	844788164
Cultured Marble of Cullman	630916822
Curtis White Companies	630746771
Custom Craftsman	
Custom Home Remodeling LLC	
Custom Interior Trim	471904819
D & M Renovation	
D & R Masonry II LLC	208740152
D & T Contracting LLC	
D & W Design Build	
D F Hughes Construction	
D Langan Construction Co	631023103
Dallas Drilling Corp	830409739
Daniel Industries Inc	
Darley Construction LLC	208422902
David Prince Construction LLC	273588734
DAVIS & FARRIOR DEVELOPMENT CO	
Davis Builders Inc	740328803
Davis Unlimited LLC	814427570
Dawkins Electric LLC	461625080
Day Star Construction	630887012
Daystar Enterprises LLC	204268889
Deals Cabinetry & Fine Woodworking	

Deck Yard Inc	203819537
Deep Roots Construction LLC	
Delta Companies, LLC	463866710
Delta Stone LLC	
Design Theory Studios	994630133
Diaz Distributors Inc	631146548
Distinctive Landscaping Inc	
Distributor Supply Co	630668959
Dixie Lawns	862652032
Dixon Electric Inc	631271007
DMA Construction	
Dodds Landscape & Nursery	464798995
Doug Ward & Co LLC	208502184
Douglas Contractors Inc.	43709586
Dove Overhead Door Company	
Drain Right Guttering	832056625
Durham Service Company Inc	481285974
E & A Team Inc	631151137
Eagle Building Co Inc	630948107
East & Son Tile Inc	631195191
East Alabama Restoration	862469814
East Alabama Truss & Components	
Easterbrook Homes	
Eastern Shore Construction Management, Inc.	631081698
Eddleman Properties	630885331
Electrical Connection	271060732
Electrical Mechanical Contractors	640538954
Elite Electrical Service	
Elite Homebuilding LLC	
Elliott Painting & Remodeling Inc	202923530
ELM Construction	
English Pool Company	
ENTERPRISE INVESTMENT PROPERTIES LLC	
EPP Irrigation Lawn & Landscape	464339382
Eric Lazzari Construction	
Evans & Associates	631263236
Fairhope Building Company LLC	461492960
Falletta Properties Inc	630954340
FERGUSON CONTRACTING LLC	932712320
Feria Painting	200235296
Firetech LLC	262832259
First Quality Homes & Constr.	631059129

Five Star Home Services	851396031
Flanagan Contracting, LLC.	
Flushing Meadow, LLC	824293123
Foam One LLC	
Franklin Homebuilding LLC	473156468
Freedom Exteriors & Construction	
Froggy Bottom Materials	
Frostholm Construction LLC	271458619
Gadsden-Etowah Habitat for Humanity	631145264
Garber Construction Co Inc	
Garden Design Solutions Inc	
Gary Buchheit Drywall	
Gary Clark Builder	
Gatwood Trim	454116934
General Maintenance Contractor East AL	300344703
GLH Home Builders LLC	
Glover Plumbing	
Goodwyn Building Company	630925794
Gothard Well Drilling Inc	721398243
Gr. Birmingham AHB	620277663
Grace Contracting	273757302
GRASS LIFE USA	
GRC Design Group Inc.	631228469
Green Lane Group	
Green Planet	461033581
GreenCo Services LLC	
Greenville Investments, Inc.	631004328
Guyette Roofing and Construction	462720062
GWB Inc	822846266
H C Pitman Builders	631086825
H J Electric	460499919
H2O Development	474011509
Hammer Licensed Gen Contractor	631209731
Hamner Concrete Works	
Harrison Contracting LLC	
Harvey Davis Cabinets Inc	43684167
Hastings Construction Inc	
HCB Electric	
Henderson & Coker, Inc	630778551
Hendon Properties LLC	
Hereford Painting Inc	
Herf Enterprises, LLC	923645615

Herrera Trucking & Logistics Inc.	
Herrington Paint	630960167
HFL Construction	630992681
HG3 Enterprises	271174357
HighStreet, LLC	
Hive Partners LLC	900962737
HM MacMichael LLC	832274030
Holliday Painting LLC	364662706
Hollow Oak Restoration	
Holly Real Estate Holdings LLC	843669086
Holman Contracting Group LLC	471027260
Home Logic LLC	631277629
Hometown Construction and Renovations, Inc	920654128
Huntsville/Madison Co. BA	630483997
Hutchins Electrical Service Co.	
Indianwood Building Company	
Innovative Construction Company	270550251
Integrity Maintenance	833067607
J David Homes LLC	
J&J Warren Concrete LLC	463339654
Jack Ellison Painting Contractors Inc.	260009467
Jagris Inc	202104370
James S Jones Contracting	
Jarrell Electric	
Jeff Brown's Plumbing	422927706
Jeff Miller Cable	
JEM Electric Inc	631192057
Jerry L. Smith & Assoc.	630962031
Jimmy Bryan LLC	
Jimmy Stephens Construction	
JNB Services	
John David Andress Construction Inc	203403731
John Hearn Plumbing	811523600
John Ikner Homes Inc	270863219
Jonathan Sanders Custom Homes & Construc	814913587
Jubilee Flooring & Decorating	
Judah Construction	812901266
JW Neighbors, Inc	631164122
KB Watson	843026553
Keith Griffin Contractors	208152048
Kendrick Electric Inc	
Kennedy Interiors & More Inc	631033789

Kenneth Duke Carpentry Contractors	423903828
Kerwin Edelman Electric	820762882
Kevin Dean Construction LLC	822178774
Kimbros Renovations Inc Kimbro Glass	
Kinsmen Pursuits	
Klarman & Day General Contractors, LLC	884346245
Klopper Painting	721346928
Knappco LLC	273307042
Kore Restoration	831453009
Kori Homes LLC	
L & N Electrical Service	205008716
Lake Martin Builders	823284991
LAM Builders, LLC	815064242
Lancour Construction LLC	474974936
Landscape Contractors LLC	
Lanny's Excavating & Landscaping	
Larry Grant Construction	814560177
LDC Incorporated	461096353
Leavitt Land	
Lee Electrical	630673955
LeeHouse Homebuilding LLC	811815538
Legend Builders Inc	631284431
Lemongrass Custom Home & Design Inc	
Lisenby Construction Inc	631134273
Loader Services & Equipment	631085166
Locktec Inc	631209089
Loyed Home Services LLC	
LUCKY LAWN SERVICE INC	
Lynn Persell Home Builders Inc	43670580
M & C Plumbing Co Inc	631160461
M.A. Jackson and Associates, LLC	201998182
Madeline & Madelynn Development Co., LLC	923556048
Madison River Homes LLC	
Mallinson Flooring	
Manley Landscaping	475421326
Mark E. Harris Homes LLC	
Mark L Payne Enterprises LLC	471892315
MARK SHANER PLUMBING LLC	
Marshall Machine LLC	460519367
Martiniere Landscape & Design	271269362
Mathews Development Co	203683527
Mathis Homes LLC	251916268

Maxwell Homes	631113740
McCollum Electrical Services	
McCord Electric Service LLC	821317920
McDaniel Window & Door Co., Inc	630793408
McElmurry Homes Inc.	631212462
McKelvey Electric	
McNeil Construction LLC	205959966
McQuillen Homes and Remodeling	
Meacham Plumbing and Gas	
Metal Market Inc.	
Mid South Electric Co	630596110
Miller Alarm & Electronics	710756967
ML Hearn Co. Inc	
Mobile Fence Co Inc	630479921
Mobile Marble Company	630656302
Monster Concrete & Excavating Inc	814388547
Montgomery Asphalt Co LLC	260378867
Montgomery Cabinet & Trim Co.	630792334
Moore Builders	631217680
Morris General Contractors, LLC	
Mr. Hicks Roofing, LLC	863932547
My Contractor Guy	
N2Floors	421806499
NAHA	841915950
Naylor Plumbing	631013429
Ned Dildine Masonry	631117867
Nesmith & Son Construction	630985015
New Look Decorating Center	630751458
New Sight Construction	
New Wave Custom Pools LLC	
North Alabama Dumpsters LLC	823737500
North Chilton Construction LLC	882386900
Oak Alley Inc	810556270
Oak Mountain Cabinetry Inc	631161100
Omega Satellite	205005542
Omni Fire & Safety LLC	
One on One Floor Covering LLC	631279979
Ory Home Builders Inc.	202818547
PAC Enterprises LLC	204090284
Parker Painting	811024051
Pat Kirk General Contractor Inc.	844582332
Peacock Custom Design	

Pearson Homes, Inc.	
Pell City Glass & Mirror Inc	431994733
Perelco Inc	721385952
Persell Lumber & Millshop	453141924
Pfeffer Floor Covering	
PH Building & Design Co Inc	272404002
Philip Woods Home Builder Inc	631101249
Phoenix Restoration Services, Inc.	271080542
Pierce's A1 Construction & Remodeling	
Pike Road Industrial Plumbing LLC	
Pinnacle Design Group Inc.	461520319
Pitman Insurance Agency	
Plimpton Construction Co.	630863717
Plumb Crazy Contracting Service	834375854
Pogue Construction	
Pointe Wiregrass Enterprises	630780028
Post Tension Technologies LLC	753180895
Praizhym Electric	
Precise Home Design	
Precision Homecrafters LLC	631186743
Premier Exteriors	421294467
Premier Plans	200672095
Premier Vinyl Siding LLC	
Presley Roofing and Construction Company, Inc	630644984
Price McGiffert Constr Co	630837254
Pride Construction	630910445
Primus Innovations LLC.	
Pro Building Solutions Inc	
Pyburn Building Co LLC	453249764
Pythoge LLC	465694019
QSI Architectural Millworks Inc	721551914
Quality Metal Roofing Supply	824493849
R & R Construction LLC	
R A M Masonry	10690165
R B I Builders LLC	
R F Pruet Construction	631183629
R J Whisenant LLC	631263586
Rain Drop Irrigation	300379562
Rainbow Pipe & Metal	200192739
Randal Haddock Cabinets	464459744
Randall's Woodworks	631081566
RCI Inc	631106945

Redline Electrical Services	
Reed's Plumbing	20518424
Reese Services LLC	
Reeves & Shaw Construction LLC	812051810
Reeves Custom Homes Inc	631190724
Remax Tri-State	465332035
Reyer Excavation LLC	800524113
Rick Layfield Construction LLC	510571427
River Brook LLC	832867755
Riviera Stoneworks	371832882
Roaring Lions LLC	883815235
Robert S Grant Construction, Inc.	630949816
Robinson Sheet Metal	630807754
Roddy O Sample	
Rodney Hubbard Builders	
Roof Savers South LLC	994604374
Rossair Heating & Cooling	
RTS Construction LLC	473280145
Russellville Pools, Inc.	721351862
S & H Construction LLC	200355030
S & H Sealcoating	630995333
Selby Enterprises LLC	
Selma Pest Control Inc	
Sewell Service Co Inc.	
Shattuck Painting	202502938
Shaun Jones Construction	824197840
Shoals Exteriors	474000297
Signature Cabinetry & Doors	
Silverhill Cabinetry & Woodworks	825331159
Sisk Contracting Inc	263956883
Slabs and Drives LLC	50594270
Slate Barganier Building, Inc.	
South Baldwin Custom Homes Inc	900715212
Southern Komfort Heating and Cooling Inc	631069657
Southern Pride Pest Control	
Southern Window Supply Co	631080024
Spivey Concrete	419213056
Squarecon LLC	464449480
Sransky Architecture, P.C.	
St. Clair County Homebuilders Association	631050397
Standard Tile-Marble and Terrazzo	
Stay Dry Roofing LLC	

SteelHead Construction Inc	275062314
Steve McGuire Construction Inc	630910220
Steve's Hardwood Flooring	
Stockton Construction	453822851
Stovall Contractors, Inc	630982308
Street Residential Construction	631062375
Stroh Electrical LLC	832502928
Summerville Construction LLC	
Sunbelt Builders	631067092
Superior Plus Landscape Inc	271915667
Sweat Cool Air Conditioning & Heating	823490625
Sweetwater Paint & Supply Co	824817782
Switzer Custom Woodworks Inc	460776005
Sycamore Construction Inc	232748409
Sydney Gilliland Construction	630648832
Taft Drywall & Acoustical	813508659
Tauber Properties	
Taylor Burton Company	630949357
Taylor Construction Services LLC	
TBD Construction LLC	850979476
Team Elevator LLC	
Ted Light Plumbing	472661893
The Painting Company of Birmingham	
The Tub Guy LLC	462032804
The Weaver Company	844276130
Thomas Woodworks	825518238
Thompson Investment Properties, Inc.	631269501
Thompson Paint Company	631141656
Tim Fogg Custom Painting	
Tim Jones Heating & Cooling	
Timothy Alexander Company	257272355
Todd Waits Electric	
Toles Construction	631041041
Tom Patterson Construction, LLC	463830883
Treglown Construction Co Inc	460486355
Trent Homes Inc	473910110
Tri-state Abatement Inc	461130378
Trotman Brothers Roofing & Construction	
Tubman Inc.	
TUC Construction Inc	462636723
Twin Oaks Landscaping	721356889
Unity Flooring Solutions LLC	873268698

Varner Woodworks	
Vintage Construction Inc	
VINYLPLANK4LESS	
W A GLOVER CONSTRUCTION INC	
W C Baker Company	270402625
W J Sellers Custom Homes Inc	272402169
Wachter & Company Inc	
Walden Plumbing and Electric	821737915
Walker Trim & Stairs LLC	
Water Works Pool & Spa Inc	630797817
Watermark Construction Group, LLC	
Waters Roofing LLC	931432587
Wayne Hill Construction Co Inc	631049237
WEATHER TECH ROOFING LLC	
Wehby Plumbing Heating & Cooling, LLC	
West Alabama Contracting Inc	460935069
WH Holdings Inc.	
Whisenant Construction LLC	263011880
White Contracting Inc	631152293
Whitten Homes LLC	862055139
Why Paint	863700845
Wilder New Homes	841746893
Wilkes Construction Co Inc	
Williams Electric LLC	814978429
Wills Valley Electric Inc.	
Winston T Smith Co Inc	631158047
Wiregrass Window and Door	
Wisdom Properties, Inc.	
Wood Construction Co.	
Woodard Brothers Grading	636156113
Woody's Gates & Operators	450549773
WSC Distinctive Builders LLC	452772325
Young Construction Company	630906965
Your Home Window Company Inc	833438930