

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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>1a Name of plan <u>VEGAS CHAMBER GROUP HEALTH PLAN FOR BUSINESS SERVICES MEMBERS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREATER LAS VEGAS CHAMBER OF COMMERCE</u></p> <p><u>HEALTH PLANS COMMITTEE</u> <u>70 E. BONNEVILLE, STE 200</u> <u>LAS VEGAS, NV 89101</u></p> <p><u>70 E. BONNEVILLE, STE 200</u> <u>LAS VEGAS, NV 89101</u></p>	<p>1c Effective date of plan <u>07/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>88-0035080</u></p> <p>2c Plan Sponsor's telephone number <u>702-641-5822</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2026	MARY BETH SEWALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	485
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	485
	6a(2)	693
	6b	0
	6c	0
	6d	693
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 155323869

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan VEGAS CHAMBER GROUP HEALTH PLAN FOR BUSINESS SERVICES MEMBERS</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GREATER LAS VEGAS CHAMBER OF COMMERCE</p>	<p>D Employer Identification Number (EIN) 88-0035080</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
ROCKY MOUNTAIN HOSPITAL AND MEDICAL SERVICE, INC. (G1525)

(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
84-0747736	11011	VEGAS CHAMBER	1617	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.

(a) Total amount of commissions paid 448267	(b) Total amount of fees paid 10770
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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
TRUCORDIA INSURANCE SERVICES LLC **2745 W 600 N**
LINDON, UT 84042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41088	177	FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DISTINCTIVE INSURANCE AN ALERA GROU **9555 HILLWOOD DR STE 140**
LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35129			3

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

L/P INSURANCE SERVICES LLC 300 E SND STREET SUITE 1300
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26543	2791	FEES	3

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

HEALTH BENEFITS ASSOCIATES 3716 LAKESIDE DRIVE #100
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29203			3

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

LAUGHTON COMPANY (THE) 140 WASHINGTON STREET
STE.100
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26117			3

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

DOROSHOW INSURANCE INC 2470 ST. ROSE PKWY, #203
HENDERSON, NV 89074

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23073	232	FEES	3

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

EMPLOYER BENEFITS INC 31 KEYSTONE AVE
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21796			3

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

SWARTS MANNING & ASSOCIATES 10091 PARK RUN DR.
STE. 200
LAS VEGAS, NV 89145

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21036			3

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

R & J INSURANCE SERVICES LLC P O BOX 34625
RENO, NV 89533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15269			3

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

SWENSON INSURANCE SERVICES LLC PO BOX 1999
LAYTON, UT 84041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14470			3

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

JAMES P BENNETT & CO 2716 OCEAN PARK BLVD STE 1045
SANTA MONICA, CA 90405

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13910			3

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

CORE NEVADA LLC PO BOX 371210
LAS VEGAS, NV 89137

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13557			3

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

ELEVATED BENEFITS PLLC 135 BLAIR PLACE
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12328			3

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

THE MULTICARE GROUP LLC 5715 W ALEXANDER ROAD SUITE 130
LAS VEGAS, NV 89130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12244			3

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

INCOR SERVICES INC 1500 E BETHANY HOME RD SUITE 200
PHOENIX, AZ 85014

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11617			3

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

EMPLOYERS BENEFITS DESIGN INC 5550 PAINTED MIRAGE ROAD SUITE 320
LAS VEGAS, NV 89149

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11580			3

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

A AND H INSURANCE INC 3301 S VIRGINIA ST
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9670			3

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

INSURANCE OFFICE OF AMERICA INC 100 GALLERIA PARKWAY SUITE 600
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9203			3

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

ASSUREDPARTNERS OF NEVADA LLC 375 E WARM SPRINGS RD STE 201
LAS VEGAS, NV 89119

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9164			3

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

KYLE PARNELL 87 E AGATE AVE #401
LAS VEGAS, NV 89123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9140			3

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

TYLER INSURANCE GROUP LLC 5540 S FORT APACHE RD SUITE 100
LAS VEGAS, NV 89148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8726			3

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

HASTINGS INSURANCE GROUP LLC 8275 S EASTERN AVE SUITE 200 463
LAS VEGAS, NV 89123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7866			3

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

WORD & BROWN INSURANCE ADMINISTRATO 721 S PARKER STREET
ORANGE, CA 92868

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7570	FEES	3

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

CLICK2BIND INSURANCE SERVICES LLC 5205 KEARNY VILLA WAY
SAN DIEGO, CA 92123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6519			3

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

VICKI COX 3415 INDIAN LANE
RENO, NV 89506

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5929			3

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

DIGITAL INSURANCE LLC 200 GALLERIA PARKWAY SUITE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5905			3

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

JOEL LEWIS 1664 HWY 395 N SUITE 101
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4785			3

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

COMSTOCK INSURANCE AGENCIES INC 9424 DOUBLE R BLVD
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4578			3

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

BROWN & BROWN INSURANCE SERVICES 300 N BEACH ST
DAYTONA BEACH, FL 32114

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4441			3

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

CAMELIA SCOTT 5037 SUBLIGHT AVENUE
LAS VEGAS, NV 89108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3962			3

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

JEWELS BENEFITS INC 2613 EMPIRE RANCH RD
CARSON CITY, NV 89721

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3906			3

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

RONALD SNIDER PO BOX 400638
LAS VEGAS, NV 89140

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3282			3

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

MNJ INSURANCE SOLUTIONS INC

24031 LAPWING LANE
LAGUNA NIGUEL, CA 92677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3195			3

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

CORNERSTONE BENEFITS LLC

8919 W SAHARA AVE
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2760			3

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

MFG BENEFITS LLC

1325 AIRMOTIVE WAY STE 390
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2748			3

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

LAWRENCE SMOOT

730 S ROYAL CREST CIRCLE
LAS VEGAS, NV 89169

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2070			3

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

LEEDS & YORK LLC

9121 W RUSSELL ROAD STE 212
LAS VEGAS, NV 89148

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1955			3

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

ADVANCED OPTIONS INSURANCE SOLUTION 409 N PACIFIC COAST HWY 215
REDONDO BEACH, CA 90277

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1945			3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1814			3

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

HENDRICKS & ASSOCIATES INC PO BOX 3077
RENO, NV 89505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1273			3

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

CUSTOM BENEFIT CONSULTANTS INC 3295 N FORT APACHE RD STE 150
LAS VEGAS, NV 89129

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1220			3

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

JEFF BLICHFELDT INSURANCE AGENCY 4400 BISCYANE DR
FLOWER MOUND, TX 75028

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1151			3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
810			3

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

BEP CONSULTING 2835 ANTERES ST
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
689			3

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

LARRY OGDEN 525 W 25TH ST
HOUSTON, TX 77008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
377			3

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

BREEN INSURANCE INC PO BOX 6597
RENO, NV 89513

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
224			3

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		8033162
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer Bent Pixels LLC	2. EIN 26-4687090	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Doppla Panna LLC	2. EIN 83-2581489	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Precision Display Services	2. EIN 20-2215819	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer The Design Factory, LLC	2. EIN 88-0422568	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Fingerprinting Express, LLC	2. EIN 83-2961816	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Flying A Information Resources	82-0643201	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Gaming & Entertainment Touch Technology LLC	46-3209191	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Atomic Home Healthcare	46-3008061	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
SecOne Security Group, LLC	86-2827386	N/A	N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer Peccole Management and Consulting	2. EIN 20-4863849	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer ACS Ventures, LLC	2. EIN 45-5617833	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Plastek Card Solutions	2. EIN 82-1914470	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer SMB Management Group	2. EIN 92-0976324	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer Infinity One	2. EIN 20-2130419	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Production Support Services	2. EIN 88-0252619	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Noble Title LTD	2. EIN 20-8020842	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Paradigm IOT, LLC	2. EIN 27-2536233	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer R & R Framing Inc.	2. EIN 20-0117043	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Layla Salon LLC DBA Layla Salon	2. EIN 47-2680033	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Jive Architecture LLP	2. EIN 88-2413612	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Growth Hackers LLC	2. EIN 93-2694315	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
The Mike Ferry Organization	80-0317431	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
JMF Entertainment, LLC	88-2991959	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Anderson Financial Corporation	33-0364933	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
International Cultural Exchange Services Inc	58-1969412	N/A	N/A

Multiple-Employer Plan Participating Employer Information
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Plan Number: 501

1. Name of Participating Employer NevDex Properties	2. EIN 86-0888670	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Tahoe Beach Club	2. EIN 47-4612691	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer Knight & Leavitt Associates, Inc	2. EIN 88-0248998	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A
1. Name of Participating Employer L Lance Gilman Commercial Real Estate Services	2. EIN 80-0001080	3. Percent of Total Contributions for Plan Year N/A	4. Aggregate Account Balances at End of Year Attributable to Participating Employer N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Note, A Mortgage Agency	30-1320612	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
National Business Factors	88-0211639	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Mountain View Mortuary	80-0020985	N/A	N/A
1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Sierra Technology and Consulting	71-0902862	N/A	N/A

Multiple-Employer Plan Participating Employer Information
Vegas Chamber Group Health Plan for Business Services Members (EIN: 88-0035080)
Plan Number: 501

1. Name of Participating Employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
AAA Fire Sprinkler Inc.	95-3925452	N/A	N/A