



<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>	352
<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>	352
	<b>6a(2)</b>	863
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	863
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</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 155302707

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

<p><b>A</b> Name of plan <b>VEGAS CHAMBER GROUP HEALTH PLAN FOR WHOLESALE AND RETAIL MEMBERS</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>503</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREATER LAS VEGAS CHAMBER OF COMMERCE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>88-0035080</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  
**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	1282	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 <b>313810</b>	(b) Total amount of fees paid <b>5169</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  
**L/P INSURANCE SERVICES LLC** **300 E 2ND STREET STE 1300**  
**RENO, NV 89501**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60089	1925	FEES	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	
35520			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	
30642			3

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

CHARLES A JENSEN & ASSOCIATES INC 6295 MCLEOD DR  
LAS VEGAS, NV 89120

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28068			3

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

CRAGIN & PIKE INC 10000 W CHARLESTON BLVD  
LAS VEGAS, NV 89135

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18889			3

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

DISTINCTIVE INSURANCE - ALERA 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	
16214			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	
13808			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	
8808			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	
8687			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	
6937			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	
6791			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	
6317			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, SUITE #100  
RENO, NV 89503

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6022			3

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

PATRIOT GROWTH INSURANCE SERVICES 501 OFFICE CENTER DRIVE SUITE 215  
FORT WASHINGTON, PA 19034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5101			3

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

NEMIS INSURANCE AGENCY LLC 9620 S LAS VEGAS BLVD  
LAS VEGAS, NV 89123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4866			3

(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	
4741			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	
4422			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	
4402			3

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

BUKATY COMPANIES LLC

4601 COLLEGE BLVD STE 100  
LEAWOOD, KS 66211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4191			3

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

RICK UTERMÖHLEN

10833 BUBBLING WELLS  
GRASS VALLEY, CA 95945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4129			3

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

CK INSURANCE SERVICES INC

4795 CAUGHLIN PKWY  
RENO, NV 89519

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3897			3

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

RELATION INSURANCE SERVICES INC

520 CAPITOL MALL SUITE 500  
SACRAMENTO, CA 95814

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3832			3

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

HUB INTERNATIONAL INSURANCE SERVICE  
 PO BOX 2158  
 RIVERSIDE, CA 92516

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3667			3

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

MAYFAIR MANAGEMENT GROUP INC  
 1824 CYPRESS MESA DR  
 HENDERSON, NV 89012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3113			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	
	3088	FEES	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	
2978			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	
2957			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	
2722			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	
2568			3

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

OCHSNER INSURANCE LLC 3670 GRANT DR. STE 106  
RENO, NV 89519

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

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

BEP CONSULTING LLC 2835 ANTERES ST  
LAS VEGAS, NV 89117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1909			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	
1207	23	FEES	3

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

E H HURSH INC 295 S MAINE ST  
FALLON, NV 89406

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1183			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	
869			3

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

NEAL WATERS 2431 W HORIZON RIDGE PKWY STE 100  
HENDERSON, NV 89052

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
771			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	
551			3

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

SEMEL RISK CONSULTANTS LLC 2055 BAYVIEW DR  
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
488			3

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

BROWN & BROWN INSURANCE OF NEVADA

8337 W SUNSET RD 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	
174			3

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

ASSUREDPARTNERS NL LLC

435 WHITTINGTON PKWY SUITE 300  
LOUISVILLE, KY 40222

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		5650305
<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. ▶

**Multiple-Employer Plan Participating Employer Information  
Vegas Chamber Group Health Plan for Wholesale and Retail Members (EIN: 88-0035080)  
Plan Number: 503**

1. Name of Participating Employer  Eleven Hospitality Group	2. EIN  82-4310466	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  Royal Plywood Company	2. EIN  33-0836835	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  Jewel Trendz LLC	2. EIN  01-0820961	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  Intermediate Bulk Containers Inc. dba Container Technology Inc.	2. EIN  90-0043830	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 Wholesale and Retail Members (EIN: 88-  
0035080)**

**Plan Number: 503**

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
McIntosh Communications, Inc.	88-0255787	N/A	N/A
Cork Distributors	47-1278272	N/A	N/A
Lunchtime LLC dba Estars Studios	92-1575014	N/A	N/A
Undaunted Enterprises Inc	20-4243173	N/A	N/A

**Multiple-Employer Plan Participating Employer Information**  
**Vegas Chamber Group Health Plan for Wholesale and Retail Members (EIN: 88-0035080)**  
**Plan Number: 503**

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
LGCM LLC dba The Infusion Pharmacy	82-3606587	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
Motley Brews LLC DBA Production Theory	27-2126926	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
Battle Born Construction Supply	83-1233390	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
The Big Co Inc. dba CAPO Fireside	33-0028430	N/A	N/A

**Multiple-Employer Plan Participating Employer Information**  
**Vegas Chamber Group Health Plan for Wholesale and Retail Members (EIN: 88-0035080)**  
**Plan Number: 503**

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
Lusso Off Road LLC	87-3127746	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
C&N Enterprises Management	92-3600078	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
Render Path LLC	84-3398031	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
MKL Holdings USA, Inc	30-1335855	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
West Best Foods, Inc.	88-0240706	N/A	N/A