

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEVADA BUILDERS ALLIANCE ASSOCIATION HEALTH PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 11/01/2018
2a Plan sponsor's name (employer, if for a single-employer plan): NEVADA BUILDERS ALLIANCE ASSOCIATION
2b Employer Identification Number (EIN): 88-0137133
2c Plan Sponsor's telephone number: 775-882-4353
2d Business code (see instructions): 236200

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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>	3104
<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>	3104
	<b>6a(2)</b>	1770
	<b>6b</b>	4
	<b>6c</b>	0
	<b>6d</b>	1774
	<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 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input 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>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 173402636

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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 **11/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>NEVADA BUILDERS ALLIANCE ASSOCIATION HEALTH PLAN</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>NEVADA BUILDERS ALLIANCE ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>88-0137133</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  
**PROMINENCE HEALTH 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
<b>88-0193357</b>	<b>11079</b>	<b>NVBA</b>	<b>2995</b>	<b>11/01/2024</b>	<b>05/31/2025</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.

(a) Total amount of commissions paid <b>573996</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

**CLARK & ASSOCIATES**  
**520 HAMMILL LANE**  
**RENO, NV 89511**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>65578</b>	<b>0</b>	<b>N/A</b>	<b>3</b>

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

**DISTINCTIVE INSURANCE**  
**9555 HILLWOOD DRIVE**  
**SUITE 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	
<b>38817</b>	<b>0</b>	<b>N/A</b>	<b>3</b>

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

LEAVITT GROUP BENEFIT SERVICES 7881 W CHARLESTON BLVD. #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	
36576	0	N/A	3

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

R&J INSURANCE SERVICES PO 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	
24318	0	N/A	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	
22884	0	N/A	3

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

PROSESSION INC. 1 EAST LIBERTY  
SUITE 600  
RENO, NV 89501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22682	0	N/A	3

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

HEALTH BENEFITS ASSOCIATES, INC. 3716 LAKESIDE DR  
NO. 100  
RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22228	0	N/A	3

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

J&M LEWIS INC. DBA LANGLANDS ASSOC. 1535 DESERET DR.  
MINDEN, NV 89423

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20382	0	N/A	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	
20352	0	N/A	3

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

ASSUREDPARTNERS OF NEVADA, LLC NORT 5985 HOME GARDENS DR.  
SUITE A  
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19810	0	N/A	3

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

MICHELETTI ALTERNATIVE INS SOLUTION 300 BANNER CT.  
SUITE 1  
MODESTO, CA 95656

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17886	0	N/A	3

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

ONEDIGITAL DIGITAL INSURANCE, INC 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	
15745	0	N/A	3

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

THE LAUGHTON COMPANY 140 WASHINGTON ST  
 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	
15563	0	N/A	3

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

A AND H INSURANCE, INC. PO BOX 7340  
 RENO, NV 89510

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13836	0	N/A	3

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

BRETT BINNEWEG INSURANCE P. O. BOX 1332  
 CARNELIAN BAY, CA 96140

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13124	0	N/A	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10385	0	N/A	3

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

JUDY SAIZ 2951 SAGE RIDGE DRIVE  
 RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10228	0	N/A	3

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

SCOTT HELD INSURANCE AGENCY 5855 AVENIDA ENCINA  
SUITE 145  
CARLSBAD, CA 92008

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9736	0	N/A	3

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

HENKES WELSH INSURANCE, INC. PO BOX 11455  
RENO, NV 89510

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9208	0	N/A	3

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

DL BUTCHER CONSULTING LLC BUTCHER 415 CHURCH ST  
UNITE 2302  
NASHVILLE, TN 37219

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8749	0	N/A	3

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

LARRY PEYTON 1544 US HWY 395 N  
SUITE 5  
GARDNERVILLE, NV 89410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8406	0	N/A	3

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

DENNIS FINANCIAL SERVICES 707 RESPECTFUL RIDGE CT  
HENDERSON, NV 89012

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8243	0	N/A	3

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

HUB INTERNATIONAL INS SERVICES 4371 LATHAM ST  
 SUITE 101  
 RIVERSIDE, CA 92501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7916	0	N/A	3

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

COMSTOCK INSURANCE 9424 DOUBLE R BLVD  
 RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7682	0	N/A	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7666	0	N/A	3

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

ERHNAM LLC 2360 COMMERCIAL  
 PAHRUMP, NV 89048

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7368	0	N/A	3

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

ACS BUSINESS INSURANCE SERVICES 3724 LAKESIDE DR  
 SUITE 100  
 RENO, NV 89509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6922	0	N/A	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	
5819	0	N/A	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  
SUITE 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	
5772	0	N/A	3

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

ELEVATED BENEFITS PLCC 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	
5549	0	N/A	3

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5373	0	N/A	3

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

JOHN COBBEY PO BOX 135  
SILVER CITY, NV 89428

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5204	0	N/A	3

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

MED BENEFITS

1875 SPANISH SPRINGS RD  
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5186	0	N/A	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 DRIVE  
RENO, NV 89521

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5100	0	N/A	3

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

CLINT D DUROCHER INSURANCE AGENCY

190 W. HUFFAKER LANE  
SUITE 406  
RENO, NV 89511

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4892	0	N/A	3

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

M & M INSURANCE AGENCY

2088 FOREST GROVE LN  
SPARKS, NV 89436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4881	0	N/A	3

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

EMPLOYEE BENEFIT SOLUTIONS INC

10161 PARK RUN DRIVE  
SUITE 1  
LAS VEGAS, NV 89145

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4768	0	N/A	3

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

ANDREINI & COMPANY 220 WEST 20TH AVENUE  
SAN MATEO, CA 94403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3790	0	N/A	3

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

LEAVITT UNITED INSURANCE SERVICES 2358 MARITIME DR.  
SUITE 100  
ELK GROVE, CA 95758

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3769	0	N/A	3

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

LAURIE MCLELLAND PO BOX 34570  
RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3679	0	N/A	3

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

MICHAEL DANIEL 680 QUEEN WAY  
SPARKS, NV 89431

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3589	0	N/A	3

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

M STEFFEN SCHNEIDER AGENCY, LLC 4740 S. VALLEY VIEW BLVD  
LAS VEGAS, NV 89103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3421	0	N/A	3

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

MANIFESTED ABUNDANCE INC. 2505 ANTHEM VILLAGE DR  
 SUITE E484  
 HENDERSON, NV 89052

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3270	0	N/A	3

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

COMPREHENSIVE INSURANCE SOLUTIONS 5550 PAINTED MIRAGE RD  
 SUITE 3  
 LAS VEGAS, NV 89149

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3200	0	N/A	3

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

HENDRICKS & ASSOCIATES 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	
2700	0	N/A	3

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

ANDREA MADSEN P. O BOX 61815  
 BOULDER CITY, NV 89006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2603	0	N/A	3

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

EDGEWOOD PARTNERS INSURANCE CENTERS 135 MAIN STREET  
 21ST FLOOR  
 SAN FRANCISCO, CA 94105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2459	0	N/A	3

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

INSPIRION INSURANCE SOLUTIONS AGENC 4735 S DURANGO DR  
 SUITE 140  
 LAS VEGAS, NV 89147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2455	0	N/A	3

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

ASSURANCE, LTD, LAS VEGAS 5740 S. ARVILLE 3204  
 LAS VEGAS, NV 89118

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2379	0	N/A	3

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

SHERYL MARTIN 7500 W. LAKE MEAD BLVD  
 #9-487  
 LAS VEGAS, NV 89128

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1976	0	N/A	3

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

JASON CUSHING 5446 THORNWOOD DR  
 SUITE 200  
 SAN JOSE, CA 95123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1667	0	N/A	3

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

AWAREGOLD INC. 445 APPLE STREET  
 #110  
 RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1543	0	N/A	3

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

JKA ENTERPRISES DBA AG INSURANCE 3455 CLIFF SHADOWS PKWY  
 SUITE 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	
1476	0	N/A	3

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

NEVADA SILVER LIFE & HEALTH, AGENCY 4600 KIETZKE LN  
 STE A105  
 RENO, NV 89502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1273	0	N/A	3

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

MAX YOUNG 20261 SW ACACIA ST.  
 SUITE 240  
 NEWPORT BEACH, CA 92660

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1198	0	N/A	3

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

LMG CONSULTING 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	
947	0	N/A	3

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

ASSUREDPARTNERS OF CA INSURANCE SER 1425 RIVER PARK DR  
 SACRAMENTO, CA 95815

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
808	0	N/A	3

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

INSURANCE OFFICE OF AMERICA  
 1855 W STATE ROAD 434  
 LONGWOOD, FL 32750

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
750	0	N/A	3

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

NEVADA BENEFITS CORPORATION  
 9505 HILLWOOD DR  
 STE 100  
 LAS VEGAS, NV 89134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
279	0	N/A	3

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

BRITAIN INSURANCE SERVICES  
 PO BOX 4178  
 COVINA, CA 91723

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
-69	0	N/A	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	

**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>		7093549
<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**  
**Nevada Builders Alliance Associaton, EIN:88-0137133/PN 501**

TRUCKEE MEADOWS CONSTRUCTION INC	88-0205212
HAGAN ELECTRONICS INC	68-0119989
PIONEER ELECTRIC LTD	88-0166469
AZTECH MATERIALS TESTING INC.	88-0425501
ARMAC EXCAVATING AND PAVING LLC DBA ARMAC CONSTRUCTION LLC	27-0179469
PERRI J. ADAMS DBA MR. GUTTER LLC	56-2522682
FOOTHILL TILESETTING INC.	20-2276133
HMT CONSULTING CORPORATION	47-2788959
BRIGHTLIFE ELECTRIC NV LLC	84-4840039
PRIME RESIDENTIAL CARE LLC DBA PRIME CLEANING SYSTEMS	28-4565028
HAWKINS HEATING & AIR CONDITIONING	65-1242305
TRIPLE M CONSTRUCTION INC.	88-0349695
ROCK STAR FINISHES LLC	81-1469236
NEVADA BUILDERS ALLIANCE	88-0137133
4 STAR PLASTERING DBA PLASTERING COMPANY	75-2977153
MAGRATH VENTURES LLC DBA BIGHORN GLASS & WINDOW	45-5475757
MCS PLUMBING LLC	26-3829117
ALL TRADES	47-2909821
L & L PLUMBING AND HEATING	88-0145542
TAHOE CITY LUMBER	94-1331908
ENHANCED ELECTRICAL SERVICES INC	45-5298402
INTEGRITY STEEL AND STONE LLC	83-1985019
WESTWOODS INC.	20-8151502
BLACKHAWK DEVELOPERS LLC	20-8695856
MC4 CONSTRUCTION LLC	26-2001795
VAN ALLEN PLUMBING	20-3438701
SIMPLIFIED CONSTRUCTION LLC	83-1200753
S.R.FREEMAN INC.	77-0489144
BRIX CORP DBA BRIX PLUMBING & HEATING	88-0481891
KOLBE CUSTOM BUILDERS	08-0407128
KEMPER & SONS MASONRY INC	47-1112857
TOP QUALITY FLOORS INC DBA FULL CIRCLE FLOORING	36-4595849
TRIDENT DEVELOPMENT INC.	42-1530684
DJD REAL ESTATE HOLDINGS LLC	46-4305876
TAHOE BROTHERS CONSTRUCTION LLC	87-3631764
DM STANEK CORPORATION	20-1763385
EDWARD HOMES INC.	76-0723553
ADVANCED LIGHTING SERVICES DBA ADVANCED LIGHTING & ELECTRICA	20-3822389
SALMON CREEK BUILDERS LLC	86-2596424
SWANSON BUILT LLC	83-2485797
A-ROOTER-MAN PLUMBING SEWER AND DRAIN CLEANING	13-4301748
MITCHELL CONCRETE	33-0835743
SIERRA NEVADA EXCAVATION LLC	88-0462116
GARLUN BREWER DRYWALL & PLASTER LLC	81-3055963

**Multiple Employer Plan Participating Employer Information**  
**Nevada Builders Alliance Associaton, EIN:88-0137133/PN 501**

SERVICE MASTERS LANDSCAPE AND MAINTENANCE DBA BILMAR COMPANI	88-0464772
EAST FORK ROOFING LLC	46-5572067
VERSAGRADE INC.	26-2574893
295 CABLING LLC	82-1423594
M & D PAINT AND DRYWALL	46-5055982
IRA HANSEN & SONS PLUMBING & HEATING INC	88-0509652
AMERICAN DOOR SERVICE	27-2252349
NOR-CAL FLOOR DESIGN INC.	83-0501394
CAVANAUGH DEVELOPMENT COMPANY DBA ELITE AIR SYSTEMS	26-0435209
ALPHA PRODUCTIONS TECHNOLOGIES INC	94-2369581
SEWARD HOMES INC.	88-0511008
SC PLUMBING	20-4095110
FRIENDLY PLUMBING INC.	51-0490843
FABRICATED EXTRUSION CO. OF NEVADA LLC	84-3765463
ARTISTIC CONCRETE SYSTEMS LLC DBA CONCRETE DIAMOND POLISHIN	27-0785080
WILL'S PLUMBING LLC	81-3643612
PRECISION PLUMBING INC	20-2784264
CARSON VALLEY GLASS LLC	47-1420986
75 DEGREES LLC	27-2946387
BALDWIN DEVELOPMENT LLC	02-0813143
PACIFIC COAST BREAKER LLC	45-5311711
DALE COX ARCHITECTS	27-1732004
GREENSTREET COMPANIES	83-2953740
WATER WORKS PLUMBING LLC	46-4534631
JZ FLOORS INC. DBA NATIONAL WHOLESALE FLOORING	88-0260161
HIGHLAND FLOORS INC	27-2804679
WESTERN ELECTRIC GROUP LLC	72-1564029
PERFORMANCE CONCRETE LLC	90-0731436
BEYOND CONSTRUCTION LLC	47-3327150
WISER DRYWALL INC.	20-0182188
DOUBLE M CONSTRUCTION DBA CLASSIC HOMES	88-0473009
COLBRE GRADING & PAVING OF NV INC.	88-0494929
V & C CONSTRUCTION INC	88-0177663
GUIDENBY INC	77-0597275
MK HOUSE CONSULTING INC	20-2808504
RENO TAHOE GLASS LLC	82-4407142
RYSTIN CONSTRUCTION INC.	88-0313819
OLCESE CONSTRUCTION CO. INC DBA OLCESE WASTE SERVICES	27-4270137
DYNAMIC NEVADA CONSTRUCTION LLC	84-4253261
BAJA CONSTRUCTION CO INC.	94-2745899
SHELL CREEK CONSTRUCTION INC	88-0465658
OLD GOLD CO LLC	82-5349775
DHC SUPPLIES INC.	94-1670109
NORTHERN NEVADA FIRE PROTECTION INC.	46-3896890

**Multiple Employer Plan Participating Employer Information**  
**Nevada Builders Alliance Associaton, EIN:88-0137133/PN 501**

PREFERRED AUTOMOTIVE & TIRE INC. DBA BIG O TIRES #28908#2890	88-1336606
CZYZ'S APPLIANCE INC	88-0353006
CLOSET MASTERS OF NEVADA	30-0857273
DEVCO PAINTING LLC DBA DEVCO PAINTING AND DECORATING	92-0962376
NEW LEAF PLUMBING AND MECHANICAL LLC	87-3108707
HARRIS INDUSTRIAL GASES	94-1719864
CCR PRECISION SURVEYING LLC	61-1513319
MIRRA MAINTENANCE LLC	82-5114698
LEO'S ELECTRIC AUTOMATION INC	82-2933150
FIRST QUALITY ROOFING & TILE DBA FIRST QUALITY ROOFING & INS	03-0429474
SUMMIT PLUMBING CO. LLC	88-0422083
ROYAL GLASS & SHOWER DOOR LLC	27-1296943
PROTEC FINISHES LLC	46-5506411
EDGE DESIGN AND CONSTRUCTION INC.	81-4478955
M&M GRANITE	86-1185729
COYOTE CREEK LLC	82-2056019
ADOBE COMMUNICATIONS ELECTRONICS INC	88-0429090
RENO TAHOE GEO ASSOCIATES INC	26-0018445
KNOX EXCAVATING INC	83-1634967
NEXT GENERATION DRYWALL INC	46-0814507
JOLT ELECTRIC LLC	81-2517176
DGD DEVELOPMENT LLC	88-0413518
JRTLAND LLC	45-5385382
FALLON HEATING & AIR CONDITIONING LLC DBA ROPERS HEATING & A	45-3589353
IMPACT FLOORING LLC	82-3116637
HUFF'S HEATING AND AIR INC.	46-2781966
WALKER BASIN CONSERVANCY	47-1989228
DISCOUNT LIGHT DEPOT INC DBA MCOR LIGHTING	88-0462619
GENSBURG INC	47-3554193
MONUMENT CONSTRUCTION	90-0602129
RELM MACHINING INC	81-2311233
JH CONSTRUCTION LLC	88-0447790
AMERICAN STEEL COMPANY LLC DBA THE METAL COMPANY	85-4173905
LUSCHAR COMPANY INC	88-0478232
MAXIMUS SERVICE LLC	83-3733570
GRANITE PROPANE INC	88-0302779
NORTHWEST BUILDERS INC	88-0395480
KD ELECTRIC	47-4098450
CERBERUS SOLUTIONS LLC DBA SAGE MACHINE	45-1499093
WESTERN DOOR AND GATE LLC	20-8633939
MASTERTON ELECTRICAL SERVICES LLC	27-4083078
COONS CONSTRUCTION LLC	26-4176472
DONOVAN OPERATIONS DBA DONOVAN CONTRACTING	87-1540048
GRADEX CONSTRUCTION COMPANY	88-0333758

**Multiple Employer Plan Participating Employer Information**  
**Nevada Builders Alliance Associaton, EIN:88-0137133/PN 501**

QUALITY GRADING & PAVING INC.	88-0417407
POLAR BEAR HEATING AND AIR DBA RED BEAR MECHANICAL	82-2363159
STEWART LEGACY CONSTRUCTION LLC	81-1573356
CJ BAILEY DEVELOPMENT LLC	81-1645642
PEARSON AND PEARSON INCORPORATED	88-0323317
IPSEN CONSTRUCTION LLC	84-1920108
SIERRA NEVADA DOOR & WINDOW LLC	27-1563696
ALL AMERICAN BUILDERS	46-4982494
HIDEIT MOUNTS INC.	27-2149117
COVENANT MECHANICAL SERVICES INC.	83-3045512
AXION ENGINEERING LLC	46-2149987
COMFORT ENGINEERING INC	88-0352541
TAHOE FENCE CO. INC.	94-2289089
EMPIRE CONSTRUCTION INC	36-4850579
SHAKESPEARE UNLIMITED	84-3037679
APPLIANCE INSTALLS LLC	47-4588225
ENVIRONMENTALLY SAFE PRODUCTS INC.	23-2619092
DEVOE CONSTRUCTION DESIGN	30-0872499
WADE METAL WORKS LLC	47-5232077
KETA CONSTRUCTION LLC	82-4142712
SANDER'S CONSTRUCTION INC	88-0109783
NORTHERN NEVADA DEVELOPMENT AUTHORITY	88-0184446
MASTER SERVICE PLUMBING INC	88-0262260
WILEY'S PLUMBING & HEATING INC.	20-1354637
RICE CONSTRUCTION	88-0251875
PEBBLE STONE COATINGS LLC	59-3835996
DANIELS CONCRETE & CONSTRUCTION	51-0487876
CARSON VALLEY SWEEPING LLC	84-2083819
ABSOLUTE DRAIN SERVICE LLC	29-8295967
HIGH SIERRA REMODELING & CONSTRUCTION LLC	85-4246850
AIMS POWER INC DBA AIMS POWER	20-3043700
LAKEVIEW ELECTRIC LLC	84-2501820
SIERRA BOILER SERVICE INC	85-1608231
TRIX DEVELOPEMENT	82-1264165
WHITE INDUSTRIES INCORPORATED DBA STEVE WHITE CONSTRUCTION	88-0465462
ASCENSION POWER ENGINEERING LLC	47-2930547
TREE SOLUTIONS LLC	76-0826292
MOAPA VALLEY BUILDERS LLC	85-3228289
BRG HOMES LLC	26-2203563
STONE GRINDERS LLC	47-4373047
MILLER CONCRETE LLC	92-1032315
T & V PLASTER INC.	38-3731437
DONALD SMIT DBA PROJECT ONE	88-0150549
EXCEL MECHANICAL LLC	92-2073515

**Multiple Employer Plan Participating Employer Information**  
**Nevada Builders Alliance Associaton, EIN:88-0137133/PN 501**

FLOORTECH INC	80-0574519
LEWIS HARDWOOD FLOORING	82-2634028
PETRILLA CONSTRUCTION INC	88-0165274
DUKES PLUMBING HEATING AND AIR	46-4761472
PIPELINE PLUMBING LLC	87-2455822
XRAM EXCAVATION LLC	86-0890360
TIM MILTON CONSTRUCTION LLC	88-0488386
THE HAPPY OUTLET LLC	26-0816701
ALL PHASE ELECTRIC LLC	92-1499056
MICHAEL'S PLUMBING HEATING & AIR INC	27-0110801
ROGERS EQUIPMENT MACHINERY AND TESTING LLC DBA REMT	93-4246707
SIMONIAN FLOORING INC.	86-0874061
ADCO DRYWALL & METAL FRAMING CONTRACTORS	84-3122645
OG SOLAR INC DBA RENO SOLAR	85-0906139
SHIP-RIGHT RESOURCES LLC	99-4222013
TRADITIONAL HOME BUILDERS	88-0466227
APEX OVERHEAD DOOR LLC DBA SUMMIT OVERHEAD DOOR	93-1539958
UNITEX CORPORATION DBA GROUT PRO	68-0113135
M&M ELECTRIC INC	88-0167625
SIMERSON CONSTRUCTION LLC	47-2886461
JOHN BRINK CONSTRUCTION INC DBA BRINK CUSTOM HOMES	42-1542831
ADVANCE BUILDERS LLC	56-7799363
NEVADA PROUD PLUMBING AND HEATING	85-1995282
SB ELECTRIC LLC	45-4946293
LIVE EDGE SLABS OF RENO CORP DBA LIVE EDGE SLABS OF RENO TAH	99-4931734
R&L INDUSTRIES	81-0587632