

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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) _____ ☐ 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		
2a	Name of plan	1b	Three-digit plan number (PN) ▶ 530
	MILLS AUTOMOTIVE GROUP, INC. FLEXIBLE BENEFITS PLAN	1c	Effective date of plan 01/01/2016
	Plan sponsor's name (employer, if for a single-employer plan)	2b	Employer Identification Number (EIN) 26-1471946
	Mailing address (include room, apt., suite no. and street, or P.O. Box)	2c	Plan Sponsor's telephone number 218-825-3581
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2d	Business code (see instructions) 441110
MILLS AUTOMOTIVE GROUP, INC.			
14858 DELLWOOD DRIVE			
BAXTER, MN 56425			

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.	04/14/2026	MARISA MILLS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	MARISA MILLS
	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 ☒ 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	200
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)	199
	6a(2)	204
	6b	1
	6c	0
	6d	205
	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 4F 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 _____

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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MILLS AUTOMOTIVE GROUP, INC. FLEXIBLE BENEFITS PLAN	B Three-digit plan number (PN) ▶	530
C Plan sponsor's name as shown on line 2a of Form 5500 MILLS AUTOMOTIVE GROUP, INC.	D Employer Identification Number (EIN) 26-1471946	

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.
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1 Coverage Information:

(a) Name of insurance carrier USABLE LIFE					
(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
71-0505232	94358	50024536	204	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 1455	(b) Total amount of fees paid 0
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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	
BENEUSA LLC	261 SCHOOL AVE SUITE 350 EXCELSIOR, MN 55331

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1455			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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. Specify nature of costs ▶	6d	

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

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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 ☐ paid in cash, or ☐ 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	9762
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MILLS AUTOMOTIVE GROUP, INC. FLEXIBLE BENEFITS PLAN	B Three-digit plan number (PN) ▶	530
C Plan sponsor's name as shown on line 2a of Form 5500 MILLS AUTOMOTIVE GROUP, INC.	D Employer Identification Number (EIN) 26-1471946	

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.
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1 Coverage Information:

(a) Name of insurance carrier
AFLAC (AMERICAN FAMILY LIFE ASSURANCE COMPANY)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
58-0663085	60380	PW328	73	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 6340	(b) Total amount of fees paid 222
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VARIOUS BROKERS (SEE ATTACHED) 1932 WYNNTON ROAD
COLUMBUS, GA 31999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6340	222	FEES PAID	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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. Specify nature of costs ▶	6d	

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
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		

(2) Dividends and credits.....

(3) Interest credited during the year.....

(4) Transferred from separate account

(5) Other (specify below).....

▶

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

(2) Administration charge made by carrier.....

(3) Transferred to separate account

(4) Other (specify below).....

▶

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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 ☐ paid in cash, or ☐ 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	54770
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan	B Three-digit plan number (PN)	530
MILLS AUTOMOTIVE GROUP, INC. FLEXIBLE BENEFITS PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
MILLS AUTOMOTIVE GROUP, INC.	26-1471946	

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.
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1 Coverage Information:

(a) Name of insurance carrier
CONTINENTAL AMERICAN INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0514130	71730	23567	10	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) Total amount of fees paid
537	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
VARIOUS SEE ATTACHED CONTINENTAL PO BOX 427 COLUMBIA, SC 29202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
537			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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 (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	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)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
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) ▶ **VOLUNTARY BENEFITS**

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 ☐ paid in cash, or ☐ 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	5604
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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. ▶

Carrier Information

Carrier Name : Continental American Insurance Company
Carrier Address : Post Office Box 427, Columbia, SC 29202
Carrier EIN : 57-0514130 Carrier NAIC Code : 71730

Group Information

Contract Number : 0000023567

Group Name : MILLS AUTOMOTIVE GROUP INC

For The FY/CY Beginning : 7/1/2024

Ending : 6/30/2025

ESTIMATED NUMBER OF COVERED EMPLOYEES @ YEAR END : 10

Premium Information

Gross Premiums Paid : \$5,604.27

Commission Information

Total Commissions Paid : \$537.16

Agent Number	Agent Name	Address Line 1	Address Line 2	Address Line 3	Address City/State/Zip	Earned Commission Amount
UH646	ALISON MARIE MORROW	506 Canterbury Drive			LaGrange, GA 30241	\$14.82
SZ500	BARBARA ANN ZIEGELMAN	507 Hunter Ln			Garfield, MN 56332-8413	\$144.14
AAC08	DEBOT & ASSOCIATES INC	2925 Welsby Ave			Stevens Point, WI 54481	\$71.43
BD527	TERRYEARL ANDERSON	7477 Co Rd 21 Sw			Alexandria, MN 56308	\$45.86
S4100	ALAN SCHACHMAN SR	5880 BONNIE LN			MANITOWISH WATERS, WI 545456334	\$23.62
ED668	W BRADFORD DEBOT	3010 Springville Dr			Plover, WI 54467-2700	\$174.73
L9879	CAROL J HANSEN	608 Oak Court			Saint Cloud, MN 56304	\$4.58
JF730	ALEXANDRA MORGAN DAE LOTHE	2201 CLARK ST			STEVENS POINT, WI 544813902	\$0.70
YU592	ARIEL MARIE NOVAK	28985 Ogren Trl			Center City, MN 55012-6900	\$21.21
VN572	JASON THOMAS MELIN	19000 Nokay Lake Road			Deerwood, MN 56444	\$3.78
Q4180	DEBRA J DAHLENG	23574 Dero Dr			Glenwood, MN 56334-5023	\$6.44
CH529	DEBORAH ANN KRUMP	1036 Sunwood Park Lane			Waite Park, MN 56387	\$5.60
SF415	RONALD S DIETL	13219 94th St Se			Becker, MN 55308-8998	\$4.76
SH433	DEBORAH ANN COLE	1020 7TH AVE. E.			ALEXANDRIA, MN 56308	\$5.88
AA17522	TERRYEARL ANDERSON	7477 Co Rd 21 Sw			Alexandria, MN 56308	\$2.94
CL500	ALAN SCHACHMAN SR	5880 BONNIE LN			MANITOWISH WATERS, WI 545456334	\$6.67

*Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.

**Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

SCHEDULE A EARNINGS REPORT		
Group Number	Total Premium Collected	Group Covered Count
PW328	\$54,770.24	73
Group Address	Name of Insurance Carrier	
MILLS AUTOMOTIVE GROUP INC	AFLAC	
ATTN PATRICK WEIDEMAN	1932 WYNNTON ROAD	
14858 DELLWOOD DR	COLUMBUS, GA 31999	
BAXTER, MN 00005	PLAN YEAR 07/01/2024-06/30/2025	
CONTRACT NUMBER	NAIC CODE	
82-2723296	60380	
Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
ABIGAIL MAE ENDE 6120 106TH ST SE CLEAR LAKE, MN 55319	\$1,374.49	\$0.00
W BRADFORD DEBOT 2925 WELSBY AVE STEVENS POINT, WI 54481	\$987.06	\$48.98
BARBARA ANN ZIEGELMAN 700 CEDAR ST STE 185 ALEXANDRIA, MN 56308	\$810.63	\$114.27
ALAN SCHACHMAN 5514 BIRCH ST SCHOFIELD, WI 54476	\$761.00	\$0.00

TERRY E ANDERSON 700 CEDAR ST STE 185 ALEXANDRIA, MN 56308	\$408.14	\$21.25
LOANN M WILHELMSON 2096 W SHAMINEAU DR MOTLEY, MN 56466	\$142.98	\$0.00
ROBERTA JAY 2520 BYRD AVE N MINNEAPOLIS, MN 55422	\$129.85	\$0.00
BRENT K WALKER 10 E 6TH ST STE 106 MORRIS, MN 56267	\$128.68	\$0.00
ARIEL MARIE NOVAK 28985 OGREN TRL CENTER CITY, MN 55012	\$127.15	\$21.25
SHANNON A LADING 738 W 4TH ST APPLETON, WI 54914	\$127.14	\$9.09
THERESA WILLIAMS JONES 125 CLIFFVIEW DR QUITMAN, AR 72131	\$116.52	\$0.00
JEFFREY M HANSEN 1895 52ND ST SW PEQUOT LAKES, MN 56472	\$102.92	\$0.00
EVERETTE J JOHNSON 15951 BIG TURTLE DR NE BEMIDJI, MN 56601	\$100.30	\$0.00
DEBORAH A KRUMP 1407 33RD ST S STE 1098 SAINT CLOUD, MN 56301	\$98.26	\$0.00

ALICE MAGUIRE 4512 TWIN PINES LN WESTON, WI 54476	\$86.60	\$0.00
CAROL J HANSEN 35235 BIRCHDALE VILLA DR PEQUOT LAKES, MN 56472	\$47.32	\$0.00
KHRISTOPHER C HUWE 700 CEDAR ST STE 185 ALEXANDRIA, MN 56308	\$47.30	\$0.00
DEBORAH COLE 1322 MAPLE DR SE ALEXANDRIA, MN 56308	\$45.32	\$0.00
JASON T MELIN 19000 NOKAY LAKE RD DEERWOOD, MN 56444	\$43.67	\$0.00
RONALD S DIETL 14087 BANK ST STE 6 BECKER, MN 55308	\$43.20	\$0.00
ALISON M MORROW 311 FINANCIAL WAY STE 220 WAUSAU, WI 54401	\$39.05	\$0.00
MARGARET K NULF 16372 TIMBER CREST DR SE PRIOR LAKE, MN 55372	\$39.00	\$0.00
MICHELE K WILLEY 122 E MAIN ST 185 LAKELAND, FL 33801	\$37.24	\$0.00
CHRISTOPHER J ZELLNER 918 ALDORA LN STE 106 WAUNAKEE, WI 53597	\$33.45	\$0.00

- INNOVATIVE LEGACY SOLUTIONS LLC 2401 GOLDFINCH LN BUFFALO, MN 55313	\$31.20	\$0.00
LORI OLSON 5280 ANNAPOLIS LN N APT 3228 MINNEAPOLIS, MN 55446	\$30.02	\$0.00
PATRICK JOSEPH KREFT 1440 PLEASANT DR APT 10 PLOVER, WI 54467	\$27.31	\$0.00
GLEN T SCHWEIKERT 2211 HIGHLAND SPRINGS PL LOUISVILLE, KY 40245	\$25.56	\$0.00
RICHARD M JOHNSON W613 WIEGERS RD MARINETTE, WI 54143	\$25.52	\$0.00
CRAIG CIMBURA 407 S PARK DR PIERZ, MN 56364	\$24.31	\$0.00
MICHAEL D SCHULTZ 1126 25TH AVE NW FARIBAULT, MN 55021	\$23.50	\$0.00
DEBRA J DAHLENG 23574 DERO DR GLENWOOD, MN 56334	\$23.10	\$0.00
JOHN PAUL THOMPSON SR 6395 S KEWAUNEE WAY STE 425 AURORA, CO 80016	\$20.99	\$0.00
BARRY L CAMPBELL 2798 COUNTY ROAD 80 ALGER, OH 45812	\$20.67	\$0.00

STEVEN T SPEICHINGER 3008 CHRISTIAN AVE WAUSAU, WI 54401	\$20.31	\$0.00
JASON SCZEPANIAK 1161 HERITAGE CT SUN PRAIRIE, WI 53590	\$20.25	\$0.00
TODD H BURRER 440 REGENCY PARKWAY DR STE 234 OMAHA, NE 68114	\$16.78	\$0.00
PAUL W DESPIRITO 3051 PROGRESS WAY STE 204 KAUKAUNA, WI 54130	\$16.72	\$6.97
MERLE H IHNE III 16130 AHRENS HILL RD BRAINERD, MN 56401	\$16.13	\$0.00
THOMAS J HERGOTT 2540 BURGEN TER SE ALEXANDRIA, MN 56308	\$15.95	\$0.00
MICHAEL J WILHELMSON 2096 W SHAMINEAU DR MOTLEY, MN 56466	\$15.62	\$0.00
ROBERT J DONOHUE 808 FAIRWAY DR MOSINEE, WI 54455	\$13.72	\$0.00
PEGGY SUE LAZER 7914 113TH AVE N CHAMPLIN, MN 55316	\$11.28	\$0.00
TODD WILLIAM CORROW 818 3RD AVE SW SAINT JOSEPH, MN 56374	\$9.79	\$0.00

MICHELLE RAE MAGUIRE 7825 WASHINGTON AVE S SUTIE 425 MINNEAPOLIS, MN 55439	\$7.04	\$0.00
DARIN D PAVLISH 8312 152ND PL SAVAGE, MN 55378	\$6.36	\$0.00
DONALD LARRY REYNOLDS 8945 33RD ST N # B LAKE ELMO, MN 55042	\$4.64	\$0.00
CHERISE M WADE 616 HARDEMAN ST SEALY, TX 77474	\$4.48	\$0.00
- RETTENMUND INSURANCE LLC S7991 DENZER RD NORTH FREEDOM, WI 53951	\$3.88	\$0.00
CORY L CAMPBELL 13139 FERRIS CT APPLE VALLEY, MN 55124	\$3.71	\$0.00
WILLIAM F MURRAY III 1298 SAINT PATRICK WAY SUN PRAIRIE, WI 53590	\$3.06	\$0.00
CHRISTOPHER P DOOLEY 2903 NORTHWINDS DR EAU CLAIRE, WI 54701	\$2.94	\$0.00
ANDREW PRINCE LOVINGIER 1817 BLOYD ST KELSO, WA 98626	\$2.75	\$0.00
JEREMY L TOMLINSON 6305 W RUSSETT ST BOISE, ID 83704	\$2.66	\$0.00

- RD EMPLOYEE BENEFITS PLUS, INC 14087 BANK ST STE 6 BECKER, MN 55308	\$2.20	\$0.00
MATTHEW R LORENZ 1021 PROSPECT POINTE RD JORDAN, MN 55352	\$1.87	\$0.00
CYNTHIA A STRICKLAND 1063 DAY LAKE DR MIDLAND, GA 31820	\$1.44	\$0.00
PATRICIA M JESPERSON 2311 UPTON AVE N MINNEAPOLIS, MN 55411	\$1.44	\$0.00
CHARLES J BALZER 13631 GOTHAM CT APPLE VALLEY, MN 55124	\$1.22	\$0.00
KNUTE NELSON 920 AUTUMN SAGE WAY PFLUGERVILLE, TX 78660	\$1.00	\$0.00
GREGORY F STENZEL 14052 BADLANDS DR FRISCO, TX 75035	\$0.88	\$0.00
JEREMY KOOI 25073 HALL LN RICHLAND CENTER, WI 53581	\$0.85	\$0.00
ADAM THOMAS GARDNER 101 N FARWELL ST STE 203 EAU CLAIRE, WI 54703	\$0.72	\$0.00
CHRISTINE M LOGSLETT 8318 ANNA AVE WIND LAKE, WI 53185	\$0.33	\$0.00

JEREMY KOOI 855 PANORAMA CT APT 203 RICHLAND CENTER, WI 53581	\$0.28	\$0.00
KENNETH J HOFFMAN N65W13544 COBBLESTONE CT MENOMONEE FALLS, WI 53051	\$0.11	\$0.00
Sum:	\$6,339.86	\$221.81

Carrier Information

Carrier Name : Continental American Insurance Company
Carrier Address : Post Office Box 427, Columbia, SC 29202
Carrier EIN : 57-0514130 Carrier NAIC Code : 71730

Group Information

Contract Number : 0000023567

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