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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
EDWARD J BAUMAN ASSOCIATES INC AMERICAN EMERGENCY VEHICLES

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

HALCORE GROUP INC
AMERICAN EMERGENCY VEHICLES
GREG WARMUTH
101 GATES LN
JEFFERSON, NC 28640-9704

101 GATES LN
JEFFERSON, NC 28640-9704

2b Employer Identification Number (EIN)
35-2018529

2c Plan Sponsor's telephone number
336-846-8010

2d Business code (see instructions)
336100

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.	04/23/2026	GREG WARMUTH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	96
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	**6a(1)**	96
a(2) Total number of active participants at the end of the plan year	**6a(2)**	104
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	104
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	104
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4A 4B 4F 4H

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[ ] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
EDWARD J BAUMAN ASSOCIATES INC AMERICAN EMERGENCY VEHICLES

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HALCORE GROUP INC

D Employer Identification Number (EIN)
35-2018529

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
AFLAC

(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	822723296	104	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
14834	55

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

MEGHAN M MILLER
149 MALIBU RD
MOORESVILLE, NC 28117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	0		0

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

ERIC E MILLER
149 MALIBU RD
MOORESVILLE, NC 28117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
0	0	0	0

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

STEPHEN C SIBEL

86 MAPLE AVE
COLLEGEVILLE, PA 19426

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1	0		0

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

ACRISURE MIDWEST PART INS SERV LLC

158 PRINTERS LN
NEW LONDON, NC 28127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1	0		0

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

JULIE W CRAIG

4930 VILLAGE GREEN DR
EL DORADO HILLS, CA 95762

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

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

NICHOLAS R SAUNDERS

471 BLUEMIST WAY
ARDEN, NC 28704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	0		0

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

TONY J DELBEN

143 SANDREED DR
MOORESVILLE, NC 28117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	0		0

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

RONALD S MOSTO II

6610 HARVEST DR
PAPILLION, NE 68133

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	0		0

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

GLORIA K KRISS

913 42ND AVE LN NE
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
5	0		0

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

REBECCA MORGAN

4850 28TH ST CIR NE
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6	0		0

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

DENA JORDAN KILGORE

5753 HIGHWAY 85
N PMB 8179
CRESTVIEW, FL 32536

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7	0		0

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

JENNIFER R SMITH

206 DUNDEVE CIR
HENDERSONVILLE, NC 28792

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
8	0		0

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

ACRISURE WALLSTREET PARTNERS LLC
158 PRINTERS LN
NEW LONDON, NC 28127

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11	0		0

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

VICKI M BUTLER
105 LONG LEAF PL
MADISON, MS 39110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13	0		0

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

KRYTONA E REYNOLDS
520 W 6TH ST
NEWTON, NC 28658

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14	0		0

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

DAVID L SAINE
3564 SECTIONHOUSE RD
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14	0		0

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

MATTHEW W PINER
13633 WAVERTON LN
HUNTERSVILLE, NC 28078

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16	0		0

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

TERRY J SILVERS
100 GREENLEAF DR
FLAT ROCK, NC 28731

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
19	0		0

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

DEBORAH A WITHEY
2149 6TH ST NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20	0		0

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

WILLIAM L BAKER IV
1121 WEDGELAND DR
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24	0		0

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

TENA C DAVIS
PO BOX 1135
LENOIR, NC 28645

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
28	0		0

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

RICKY D BUMGARNER
PO BOX 882
TAYLORSVILLE, NC 28681

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
37	0		0

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

FLORINDA S ABEE

PO BOX 1133
TAYLORSVILLE, NC 28681

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
39	0		0

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

MATTHEW D BUTLER

1298 BUCKHORN WAY
LOUDON, TN 37774

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
40	0		0

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

GARRY D GOBLE

PO BOX 1664
TAYLORSVILLE, NC 28681

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
42	0		0

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

RETTA S RICE

1001 4TH CREEK LANDING DR
STATESVILLE, NC 28625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
44	0		0

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

BRIAN N MARTIN

275 BAYMOUNT DR
STATESVILLE, NC 28625

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
51	0		0

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

STEVEN E CANIPE
1177 WATERFORD DR
HICKORY, NC 28602

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
52	0		0

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

C HARVEY KING
1024 BENNINGTON DR
CHARLESTON, SC 29492

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
59	0		0

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

DONNA S SPROUSE
PO BOX 11022
HICKORY, NC 28603

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
62	0		0

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

KIMBERLY H SCHUSLER
249 CRESSY RD
BRADFORD, NH 03221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
62	0		0

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

KATRINA D AIKEN
2511 JUDITH ST
LYNCHBURG, VA 24501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
64	0		0

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

SUSAN E YOUNCE HENSON

PO BOXC 298
VILAS, NC 28692

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
65	0		0

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

RICHARD A SMITHSON

2145 SAULS PL
ALPHARETTA, GA 30004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
68	0		0

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

KIM J WILLIAMS

3010 WILLIAMS RD
LEWISVILLE, NC 27023

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

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

JEREMY MICHAEL HASKELL

136 TOCCOA AVE
RALEIGH, NC 27603

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

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

VICKI J MINCEY

PO BOX 1845
WEST JEFFERSON, NC 28694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
73	0		0

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

DAVID N MORGAN

240 BEVERLY HILLS CIR
APT 532
LYNCHBURG, VA 24502

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
89	0		0

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

JESSICA L MILWOOD

106 OBADIAH CT
MOORESVILLE, NC 28115

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
96	0		0

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

JOHN H BROWN

PO BOX 501
JEFFERSON, NC 28640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
122	0		0

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

LOWELL K YOUNCE

PO BOX 130
ZIONVILLE, NC 28698

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
154	0		0

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

GWENDOLYN N BUTLER

203 29TH AVE NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
173	0		0

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

J MICHAEL BUTLER
1090 13TH AVE NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
227	0		0

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

WHITNEY E COBLE CLINE
2361 22ND ST NE
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
254	10	EXPENSES	0

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

TERESA L SELLS
270 LITTLE WILSON RD
MOUTH OF WILSON, VA 24363

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
663	0		0

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

JACOB M KIMSEY
101 FOX COVE RD
HENDERSONVILLE, NC 28792

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
855	0		0

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

AMY D BALLOU
PO BOX 309
JEFFERSON, NC 28640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
901	0		0

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

CHARLES R BALLOU

PO BOX 309
JEFFERSON, NC 28640

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
981	0		0

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

JOHN W THOMAS

15 WILLOW OAKS CT
TAYLORSVILLE, NC 28681

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1259	0		0

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

LISA L RANDOLPH

PO BOS 1890
WEST JEFFERSON, NC 28694

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
7957	45	EXPENSES	0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
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)**	
(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)**	
(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**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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