

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 01/01/2024 and ending 12/31/2024	
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 PROSERVICE HAWAII
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/2005
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) PROSERVICE PACIFIC, LLC PROSERVICE HAWAII 6600 KALANIANA'OLE HWY SUITE 200 HONOLULU, HI 96825-1298
2b	Employer Identification Number (EIN) 61-1582293
2c	Plan Sponsor's telephone number 808-394-8878
2d	Business code (see instructions) 541990

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.	05/07/2026	ELENA MARTINEZ
	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 ☒ 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	25370
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)	25370
	6a(2)	30490
	6b	
	6c	
	6d	30490
	6e	
	6f	
6g(1)		
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4B 4D 4E 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 5
- (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 163775127

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 01/01/2024 and ending 12/31/2024	
A Name of plan PROSERVICE HAWAII	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293

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
HAWAII DENTAL SERVICE

(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
99-0107971	00000	2573	24490	01/01/2024	12/31/2024

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 357642	(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
COMPASS CONSULTING GROUP
200 GALLERIA PARKWAY SE
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	
357642			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
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	(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	
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** ☐ 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	8948562
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 01/01/2024 and ending 12/31/2024	
A Name of plan PROSERVICE HAWAII	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293

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
HAWAII MEDICAL ASSURANCE ASSOCIATION

(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
99-0281791	48330	56500-56503	1450	01/01/2024	12/31/2024

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 30887	(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
GUY TANIOKA
220 S KING STREET
SUITE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17098			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GRACE BEYMER
220 S KING STREET
SUITE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5380			3

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

STANTON SAIKI

220 S KING STREET
SUITE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2766			3

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

CHUCK TONDA

220 S KING STREET
SUITE 1200
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2617			3

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

P S H INSURANCE INC

737 BISHOP STREET
SUITE 2120
HONOLULU, HI 96813

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1809			3

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

PACIFIC BENEFIT SOLUTIONS

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
609			3

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

HI INSURANCE FINANCIAL SERVICES INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
608			3

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	
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** ☒ 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	8592054
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 01/01/2024 and ending 12/31/2024	
A Name of plan PROSERVICE HAWAII	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293

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
HAWAII MEDICAL SERVICE ASSOCIATION

(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
99-0040115	49948	SEE ATTACHED	22976	01/01/2024	12/31/2024

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
0	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

(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

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(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	
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** ☒ 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) ▶ **ACUPUNCTURE AND MASSAGE**

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	145289410
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 01/01/2024 and ending 12/31/2024		
A Name of plan PROSERVICE HAWAII	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293	

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 KAISER FOUNDATION HEALTH PLAN INC
--

(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
93-1340523	60053	32893/39999	4575	01/01/2024	12/31/2024

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
0	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
--

(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	

(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	
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** ☒ 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) ► **CHIROPRACTIC, ACUPUNCTURE, MASSAGE**

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	13027982
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 01/01/2024 and ending 12/31/2024		
A Name of plan PROSERVICE HAWAII	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PROSERVICE PACIFIC, LLC PROSERVICE HAWAII	D Employer Identification Number (EIN) 61-1582293	

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 USUABLE 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	50024224	23274	01/01/2024	12/31/2024

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 41985	(b) Total amount of fees paid 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 MARKHAM INSURANCE SERVICES
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41985			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	
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** ☐ 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) ▶ **AD&D INSURANCE**

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	382813
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. ▶

ATTACHMENT
PROSERVICE HAWAII
INSURANCE INFORMATION FOR SCHEDULE A (FORM 5500)
PLAN YEAR BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

ACCOUNT #R054 PROSERVICE HAWAII
Contract or Identification Number :

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27310 1	2630 KALANIKAHUA ROAD LLC		
27310 2	2630 KALANIKAHUA ROAD LLC COBRA		
27313 1	ACE AUTO GLASS INC		
27313 2	ACE AUTO GLASS INC COBRA		
27313 3	ACE AUTO GLASS INC COBRA		
27313 4	ACE AUTO GLASS INC		
27315 9	WEBCO HAWAII INC COBRA 150%		12/31/2022
27316 1	ALOHA INTERNATIONAL MOVING SERVICES INC PPP COMPMED WITH RID		
27316 2	ALOHA INTERNATIONAL MOVING SERVICES PPP COMPMED WITH RIDERS		
27316 3	ALOHA INTERNATIONAL MOVING SERVICES COBRA PPP PLUS WITH		
27316 4	ALOHA INTERNATIONAL MOVING SERVICES PPP PLUS WITH RIDERS		
27317 1	ALOHA ISLE MOVING INC		
27317 2	ALOHA ISLE MOVING INC COBRA		
27317 3	ALOHA ISLE MOVING INC COBRA		
27317 4	ALOHA ISLE MOVING INC		
27318 1	ALOHA UNITED WAY INC		
27318 2	ALOHA UNITED WAY INC COBRA		
27320 1	AMERICAN MUTUAL UNDERWRITERS LTD		
27320 2	AMERICAN MUTUAL UNDERWRITERS LTD COBRA		
27320 3	AMERICAN MUTUAL UNDERWRITERS LTD COBRA		
27320 4	AMERICAN MUTUAL UNDERWRITERS LTD		
27321 1	ANCHOR CHURCH		
27321 2	ANCHOR CHURCH COBRA		
27321 3	ANCHOR CHURCH COBRA		
27321 4	ANCHOR CHURCH		
27322 1	ARANCINO LLC		
27322 2	ARANCINO LLC COBRA		
27322 3	ARANCINO LLC PPP PLUS COBRA		
27322 4	ARANCINO LLC PPP PLUS		
27323 1	ARANCINO KAHALA LLC		
27323 2	ARANCINO KAHALA LLC COBRA		
27323 3	ARANCINO KAHALA LLC PPP PLUS COBRA		
27323 4	ARANCINO KAHALA LLC PPP PLUS		
27324 1	ARANCINO DI MARE LLC		
27324 2	ARANCINO DI MARE LLC COBRA		
27324 3	ARANCINO DI MARE LLC PPP PLUS COBRA		
27324 4	ARANCINO DI MARE LLC PPP PLUS		
27325 1	ATLAS CONSTRUCTION INC		
27325 2	ATLAS CONSTRUCTION INC COBRA		
27325 3	ATLAS CONSTRUCTION INC COBRA		
27325 4	ATLAS CONSTRUCTION INC		
27327 1	AUTOMATIC DOOR SPECIALISTS INC		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27327 2	AUTOMATIC DOOR SPECIALISTS INC COBRA		
27328 1	BICKERTON DANG LLLP		
27328 2	BICKERTON DANG LLLP COBRA		
27328 3	BICKERTON DANG LLLP COBRA		
27328 4	BICKERTON DANG LLLP		
27330 1	BOYS & GIRLS CLUBS OF MAUI INC		
27330 2	BOYS & GIRLS CLUBS OF MAUI INC COBRA		
27330 3	BOYS & GIRLS CLUBS OF MAUI INC COBRA		
27330 4	BOYS & GIRLS CLUBS OF MAUI INC		
27331 1	C4 CHRIST CENTERED COMMUNITY CHURCH		
27331 2	C4 CHRIST CENTERED COMMUNITY CHURCH COBRA		
27331 3	C4 CHRIST CENTERED COMMUNITY CHURCH COBRA		
27331 4	C4 CHRIST CENTERED COMMUNITY CHURCH		
27332 1	CALVARY CHAPEL NORTHSORE KAUAI HAWAII		
27332 2	CALVARY CHAPEL NORTHSORE KAUAI HAWAII COBRA		
27332 3	CALVARY CHAPEL NORTHSORE KAUAI HAWAII COBRA		
27332 4	CALVARY CHAPEL NORTHSORE KAUAI HAWAII		
27333 1	ONO ENTERPRISE LTD DBA HALE MALAMALAMA PPP COMPMED WITH		
27333 2	ONO ENTERPRISE LTD DBA HALE MALAMALAMA COBRA PPP COMPMED		
27333 6	ONO ENTERPRISE LTD DBA HALE MALAMALAMA PPP PLUS WITH RIDERS		
27333 8	ONO ENTERPRISE LTD DBA HALE MALAMALAMA COBRA PPP PLUS WITH		
27335 1	COLR LLC		
27335 2	COLR LLC COBRA		
27335 3	COLR LLC COBRA		
27335 4	COLR LLC		
27338 1	CONSTRUCTION ENGINEERING LABS INC		
27338 2	CONSTRUCTION ENGINEERING LABS INC COBRA		
27338 3	CONSTRUCTION ENGINEERING LABS INC COBRA		
27338 4	CONSTRUCTION ENGINEERING LABS INC		
27341 1	DEM CONSTRUCTION INC		
27341 2	DEM CONSTRUCTION INC COBRA		
27341 3	DEM CONSTRUCTION INC COBRA		
27341 4	DEM CONSTRUCTION INC		
27351 1	EST8PLANNING COUNSEL LLLC		
27351 2	EST8PLANNING COUNSEL LLLC COBRA		
27351 3	EST8PLANNING COUNSEL LLLC COBRA		
27351 4	EST8PLANNING COUNSEL LLLC		
27353 1	FAMILY PROGRAMS HAWAII		
27353 2	FAMILY PROGRAMS HAWAII COBRA		
27353 3	FAMILY PROGRAMS HAWAII COBRA		
27353 4	FAMILY PROGRAMS HAWAII		
27357 1	GEOTEK HAWAII INC		
27357 2	GEOTEK HAWAII INC COBRA		
27357 3	GEOTEK HAWAII INC COBRA		
27357 4	GEOTEK HAWAII INC		
27358 1	GROUP 70 INTERNATIONAL INC		
27358 2	GROUP 70 INTERNATIONAL INC COBRA		
27358 3	GROUP 70 INTERNATIONAL INC COBRA		
27358 4	GROUP 70 INTERNATIONAL INC		
27360 1	HAWAII KAI CHURCH		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27360 2	HAWAII KAI CHURCH COBRA		
27361 1	HAWAII COMMUNITY FEDERAL CREDIT UNION		
27361 2	HAWAII COMMUNITY FEDERAL CREDIT UNION COBRA		
27361 3	HAWAII COMMUNITY FEDERAL CREDIT UNION COBRA		
27361 4	HAWAII COMMUNITY FEDERAL CREDIT UNION		
27363 1	HAWAII ENGINEERING SERVICES INC		
27363 2	HAWAII ENGINEERING SERVICES INC COBRA		
27363 3	HAWAII ENGINEERING SERVICES INC COBRA		
27363 4	HAWAII ENGINEERING SERVICES INC		
27365 1	GARA INC		
27365 2	GARA INC COBRA		
27365 3	GARA INC COBRA		
27365 4	GARA INC		
27368 1	T & K NATURALS INC		
27368 2	T & K NATURALS INC COBRA		
27368 3	T & K NATURALS INC COBRA		
27368 4	T & K NATURALS INC		
27372 1	HOLY NATIVITY SCHOOL		
27372 2	HOLY NATIVITY SCHOOL COBRA		
27372 3	HOLY NATIVITY SCHOOL COBRA		
27372 4	HOLY NATIVITY SCHOOL		
27373 1	HOMEWORKS CONSTRUCTION INC		
27373 2	HOMEWORKS CONSTRUCTION INC COBRA		
27373 3	HOMEWORKS CONSTRUCTION INC COBRA		
27373 4	HOMEWORKS CONSTRUCTION INC		
27375 1	HC RETAIL LLC		
27375 2	HC RETAIL LLC COBRA		
27375 3	HC RETAIL LLC COBRA		
27375 4	HC RETAIL LLC		
27378 1	HONOLULU SPORTS MEDICAL CLINIC INC		
27378 2	HONOLULU SPORTS MEDICAL CLINIC INC COBRA		
27378 3	HONOLULU SPORTS MEDICAL CLINIC INC COBRA		
27378 4	HONOLULU SPORTS MEDICAL CLINIC INC		
27379 1	MOHALA PUA SCHOOL		
27379 2	MOHALA PUA SCHOOL COBRA		
27379 3	MOHALA PUA SCHOOL COBRA		
27379 4	MOHALA PUA SCHOOL		
27380 1	HONPA HONGWANJI HAWAII BETSUIN		
27380 2	HONPA HONGWANJI HAWAII BETSUIN COBRA		
27382 1	HOSPICE HAWAII INC		
27382 2	HOSPICE HAWAII INC COBRA		
27382 3	HOSPICE HAWAII INC COBRA		
27382 4	HOSPICE HAWAII INC		
27383 1	HUI KU MAOLI OLA LLC		
27383 2	HUI KU MAOLI OLA LLC COBRA		
27383 3	HUI KU MAOLI OLA LLC COBRA		
27383 4	HUI KU MAOLI OLA LLC		
27386 1	INTERSTATE RESTORATION HAWAII LLC		
27386 2	INTERSTATE RESTORATION HAWAII LLC COBRA		
27386 3	INTERSTATE RESTORATION HAWAII LLC COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27386 4	INTERSTATE RESTORATION HAWAII LLC		
27388 1	FLOORING INVESTMENT GROUP LLC		
27388 2	FLOORING INVESTMENT GROUP LLC COBRA		
27388 3	FLOORING INVESTMENT GROUP LLC COBRA		
27388 4	FLOORING INVESTMENT GROUP LLC		
27390 1	J&D BUILDERS INC		
27390 2	J&D BUILDERS INC COBRA		
27390 3	J&D BUILDERS INC COBRA		
27390 4	J&D BUILDERS INC		
27391 1	KOMATSU ENTERPRISES INC		
27391 2	KOMATSU ENTERPRISES INC COBRA		
27391 3	KOMATSU ENTERPRISES INC COBRA		
27391 4	KOMATSU ENTERPRISES INC		
27393 1	KAHULUI BAPTIST CHURCH INC		
27393 2	KAHULUI BAPTIST CHURCH INC COBRA		
27393 3	KAHULUI BAPTIST CHURCH INC COBRA		
27393 4	KAHULUI BAPTIST CHURCH INC		
27394 1	KAILUA BAPTIST CHURCH		
27394 2	KAILUA BAPTIST CHURCH COBRA		
27394 3	KAILUA BAPTIST CHURCH COBRA		
27394 4	KAILUA BAPTIST CHURCH		
27395 1	KALIHI-PALAMA HEALTH CENTER		
27395 2	KALIHI-PALAMA HEALTH CENTER COBRA		
27395 3	KALIHI-PALAMA HEALTH CENTER COBRA		
27395 4	KALIHI-PALAMA HEALTH CENTER		
27396 1	HAWAII SEKITEI CORP		
27396 2	HAWAII SEKITEI CORP COBRA		
27396 3	HAWAII SEKITEI CORP COBRA		
27396 4	HAWAII SEKITEI CORP		
27397 1	KAUAI ATVS LLC		
27397 2	KAUAI ATVS LLC COBRA		
27397 3	KAUAI ATVS LLC COBRA		
27397 4	KAUAI ATVS LLC		
27398 1	KAUAI HOSPICE INC		
27398 2	KAUAI HOSPICE INC COBRA		
27398 3	KAUAI HOSPICE INC PPP COMPMED WITH RIDERS COBRA		
27398 4	KAUAI HOSPICE INC PPP COMPMED WITH RIDERS		
27400 1	LEE C CORP		
27400 2	LEE C CORP COBRA		
27401 1	KO OLINA GOLF CLUB LLC		
27401 2	KO OLINA GOLF CLUB LLC COBRA		
27401 3	KO OLINA GOLF CLUB LLC COBRA		
27401 4	KO OLINA GOLF CLUB LLC		
27402 1	KO OLINA GOLF CLUB LLC (EXECUTIVE)		
27402 2	KO OLINA GOLF CLUB LLC (EXECUTIVE) COBRA		
27402 3	KO OLINA GOLF CLUB LLC (EXECUTIVE) COBRA		
27402 4	KO OLINA GOLF CLUB LLC (EXECUTIVE)		
27404 1	KOLOA ZIPLINE LLC		
27404 2	KOLOA ZIPLINE LLC COBRA		
27404 3	KOLOA ZIPLINE LLC COBRA PPP PLUS WITH RIDERS		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27404 4	KOLOA ZIPLINE LLC PPP PLUS WITH RIDERS		
27406 1	KOREAN CHRISTIAN CHURCH		
27406 2	KOREAN CHRISTIAN CHURCH COBRA		
27406 3	KOREAN CHRISTIAN CHURCH COBRA		
27406 4	KOREAN CHRISTIAN CHURCH		
27407 1	KUEHNLE AGROSYSTEMS INC		
27407 2	KUEHNLE AGROSYSTEMS INC COBRA		
27407 3	KUEHNLE AGROSYSTEMS INC COBRA		
27407 4	KUEHNLE AGROSYSTEMS INC		
27408 1	KUKIO COMMUNITY ASSOCIATION INC		
27408 2	KUKIO COMMUNITY ASSOCIATION INC COBRA		
27409 1	KUKIO GOLF AND BEACH CLUB INC		
27409 2	KUKIO GOLF AND BEACH CLUB INC COBRA		
27410 1	KUKIO STAFFING SERVICES LLC		
27410 2	KUKIO STAFFING SERVICES LLC COBRA		
27413 1	MATTOCH & KIRLEY LLC		
27413 2	MATTOCH & KIRLEY LLC (COBRA)		
27418 1	MIRAS CLEANING SERVICE INC		
27418 2	MIRAS CLEANING SERVICE INC COBRA		
27418 3	MIRAS CLEANING SERVICE INC COBRA		
27418 4	MIRAS CLEANING SERVICE INC		
27420 1	PH & F LLC		
27420 2	PH & F LLC COBRA		
27420 3	PH & F LLC COBRA		
27420 4	PH & F LLC		
27421 1	2L2TF LLC		
27421 2	2L2TF LLC COBRA		
27421 3	2L2TF LLC COBRA		
27421 4	2L2TF LLC		
27422 1	NVNG LLC		
27422 2	NVNG LLC COBRA		
27422 3	NVNG LLC COBRA		
27422 4	NVNG LLC		
27423 1	MAUI ACADEMY OF PERFORMING ARTS		
27423 2	MAUI ACADEMY OF PERFORMING ARTS COBRA		
27423 3	MAUI ACADEMY OF PERFORMING ARTS COBRA		
27423 4	MAUI ACADEMY OF PERFORMING ARTS		
27425 1	MAUI HUMANE SOCIETY		
27425 2	MAUI HUMANE SOCIETY COBRA		
27425 3	MAUI HUMANE SOCIETY COBRA		
27425 4	MAUI HUMANE SOCIETY		
27427 1	MELISSA M BEAUDET-UY DDS INC		
27427 2	MELISSA M BEAUDET-UY DDS INC COBRA		
27427 3	MELISSA M BEAUDET-UY DDS INC COBRA		
27427 4	MELISSA M BEAUDET-UY DDS INC		
27428 1	MMI REALTY SERVICES INC		
27428 2	MMI REALTY SERVICES INC COBRA		
27428 3	MMI REALTY SERVICES INC COBRA		
27428 4	MMI REALTY SERVICES INC		
27429 1	MOILILI HONGWANJI MISSION		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27429 2	MOILILI HONGWANJI MISSION COBRA		
27429 3	MOILILI HONGWANJI MISSION COBRA		
27429 4	MOILILI HONGWANJI MISSION		
27431 1	NATIONAL TROPICAL BOTANICAL GARDEN		12/31/2023
27431 2	NATIONAL TROPICAL BOTANICAL GARDEN COBRA		12/31/2023
27431 3	NATIONAL TROPICAL BOTANICAL GARDEN COBRA		12/31/2023
27431 4	NATIONAL TROPICAL BOTANICAL GARDEN		12/31/2023
27432 1	HONOLULU METROPOLITAN FOUR SQUARE CHURCH		
27432 2	HONOLULU METROPOLITAN FOUR SQUARE CHURCH COBRA		
27432 3	HONOLULU METROPOLITAN FOUR SQUARE CHURCH COBRA		
27432 4	HONOLULU METROPOLITAN FOUR SQUARE CHURCH		
27433 1	NEW WEST BROADCASTING CORPORATION		
27433 2	NEW WEST BROADCASTING CORPORATION COBRA		
27433 3	NEW WEST BROADCASTING CORPORATION COBRA		
27433 4	NEW WEST BROADCASTING CORPORATION		
27435 1	OKAHARA AND ASSOCIATES INC		
27435 2	OKAHARA AND ASSOCIATES INC COBRA		
27436 1	OKIMOTO CORP		
27436 2	OKIMOTO CORP COBRA		
27436 3	OKIMOTO CORP COBRA		
27436 4	OKIMOTO CORP		
27437 1	WAILEA OLD BLUE LLC		
27437 2	WAILEA OLD BLUE LLC COBRA		
27437 3	WAILEA OLD BLUE LLC COBRA		
27437 4	WAILEA OLD BLUE LLC		
27438 1	OLIVET BAPTIST CHURCH		
27438 2	OLIVET BAPTIST CHURCH COBRA		
27439 1	PACIFIC AMERICAN LUMBER INC		
27439 2	PACIFIC AMERICAN LUMBER INC COBRA		
27439 3	PACIFIC AMERICAN LUMBER INC COBRA		
27439 4	PACIFIC AMERICAN LUMBER INC		
27440 1	PACIFIC AVIATION MUSEUM PEARL HARBOR		
27440 2	PACIFIC AVIATION MUSEUM PEARL HARBOR COBRA		
27441 1	PACIFIC JOBBERS WAREHOUSE INC		
27441 2	PACIFIC JOBBERS WAREHOUSE INC COBRA		
27441 3	PACIFIC JOBBERS WAREHOUSE INC COBRA		
27441 4	PACIFIC JOBBERS WAREHOUSE INC		
27445 1	PARKER SCHOOL CORPORATION		
27445 2	PARKER SCHOOL CORPORATION COBRA		
27445 3	PARKER SCHOOL CORPORATION COBRA		
27445 4	PARKER SCHOOL CORPORATION		
27446 1	MLC INTERNATIONAL LLC		
27446 2	MLC INTERNATIONAL LLC COBRA		
27446 3	MLC INTERNATIONAL LLC COBRA		
27446 4	MLC INTERNATIONAL LLC		
27447 1	PHILPOTTS & ASSOCIATES INC		
27447 2	PHILPOTTS & ASSOCIATES INC COBRA		
27447 3	PHILPOTTS & ASSOCIATES INC COBRA		
27447 4	PHILPOTTS & ASSOCIATES INC		
27448 1	PONDS HILO INC		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27448 2	PONDS HILO INC COBRA		
27450 1	QUALITY DESIGN/BUILD INCORPORATED		
27450 2	QUALITY DESIGN/BUILD INCORPORATED COBRA		
27450 3	QUALITY DESIGN/BUILD INCORPORATED COBRA		
27450 4	QUALITY DESIGN/BUILD INCORPORATED		
27450 5	QUALITY DESIGN/BUILD INCORPORATED		
27450 6	QUALITY DESIGN/BUILD INCORPORATED		
27450 7	QUALITY DESIGN/BUILD INCORPORATED COBRA		
27450 8	QUALITY DESIGN/BUILD INCORPORATED COBRA		
27451 1	THE ST ANDREWS SCHOOLS		
27451 2	THE ST ANDREWS SCHOOLS COBRA		
27451 4	THE ST ANDREWS SCHOOLS PPO PLUS		
27452 1	R & P LONGHI LLC		
27452 2	R & P LONGHI LLC COBRA		
27452 3	R & P LONGHI LLC COBRA		
27452 4	R & P LONGHI LLC		
27453 1	RAMTEK FABRICATION COMPANY INC		
27453 2	RAMTEK FABRICATION COMPANY INC COBRA		
27453 3	RAMTEK FABRICATION COMPANY INC COBRA		
27453 4	RAMTEK FABRICATION COMPANY INC		
27455 1	REVOLUSUN LLC		
27455 2	REVOLUSUN LLC COBRA		
27455 3	REVOLUSUN LLC COBRA		
27455 4	REVOLUSUN LLC		
27457 1	RT HAWAII RESTAURANTS INC		
27457 2	RT HAWAII RESTAURANTS INC COBRA		
27457 3	RT HAWAII RESTAURANTS INC COBRA		
27457 4	RT HAWAII RESTAURANTS INC		
27459 1	SERVICE RENTALS & SUPPLIES INC		
27459 2	SERVICE RENTALS & SUPPLIES INC COBRA		
27459 3	SERVICE RENTALS & SUPPLIES INC COBRA		
27459 4	SERVICE RENTALS & SUPPLIES INC		
27460 1	KLEIDOSTY PACIFIC LLC		
27460 2	KLEIDOSTY PACIFIC LLC COBRA		
27460 3	KLEIDOSTY PACIFIC LLC COBRA		
27460 4	KLEIDOSTY PACIFIC LLC		
27461 1	SMITHS MOTOR BOAT SERVICE INC		
27461 2	SMITHS MOTOR BOAT SERVICE INC COBRA		
27461 3	SMITHS MOTOR BOAT SERVICE INC COBRA		
27461 4	SMITHS MOTOR BOAT SERVICE INC		
27462 1	CALIFORNIA ASSN FOR RESEARCH IN ASTRONOMY DBA W M KECK OBSER		
27462 2	CALIFORNIA ASSN FOR RESEARCH IN ASTRONOMY DBA W M KECK OBSER		
27462 3	CALIFORNIA ASSN FOR RESEARCH IN ASTRONOMY DBA W M KECK OBSER		
27462 4	CALIFORNIA ASSN FOR RESEARCH IN ASTRONOMY DBA W M KECK OBSER		
27464 1	SUSANNAH WESLEY COMMUNITY CENTER		
27464 2	SUSANNAH WESLEY COMMUNITY CENTER COBRA		
27464 3	SUSANNAH WESLEY COMMUNITY CENTER COBRA		
27464 4	SUSANNAH WESLEY COMMUNITY CENTER		
27465 1	T&T TINTING SPECIALISTS INC		
27465 2	T&T TINTING SPECIALISTS INC COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27465 3	T&T TINTING SPECIALISTS INC COBRA		
27465 4	T&T TINTING SPECIALISTS INC		
27471 1	MAKENA SHARED SERVICES LLC PPP COMPMED HPH W/RIDERS		
27471 2	MAKENA SHARED SERVICES LLC COBRA PPP COMPMED HPH W/RIDERS		
27471 3	MAKENA SHARED SERVICES LLC COBRA PPP PLUS WITH RIDERS		
27471 4	MAKENA SHARED SERVICES LLC PPP PLUS WITH RIDERS		
27473 1	HAWAII BAPTIST FOUNDATION PPP COMPMED WITH RIDERS		
27473 2	HAWAII BAPTIST FOUNDATION COBRA PPP COMPMED WITH RIDERS		
27473 3	HAWAII BAPTIST FOUNDATION COBRA PPP PLUS WITH RIDERS		
27473 4	HAWAII BAPTIST FOUNDATION PPP PLUS WITH RIDERS		
27480 1	BASIC FOOD GROUP LLC		
27480 2	BASIC FOOD GROUP LLC COBRA		
27480 3	BASIC FOOD GROUP LLC COBRA		
27480 4	BASIC FOOD GROUP LLC		
27481 1	TRADE MEDIA HUI, INC		
27481 2	TRADE MEDIA HUI, INC COBRA		
27481 3	TRADE MEDIA HUI, INC COBRA		
27481 4	TRADE MEDIA HUI, INC		
27483 1	TYRIE LEE JENKINS MD INC		
27483 2	TYRIE LEE JENKINS MD INC COBRA		
27483 3	TYRIE LEE JENKINS MD INC COBRA		
27483 4	TYRIE LEE JENKINS MD INC		
27484 1	U OKADA & COMPANY LTD		
27484 2	U OKADA & COMPANY LTD COBRA		
27484 3	U OKADA & COMPANY LTD COBRA		
27484 4	U OKADA & COMPANY LTD		
27488 1	VENERE CORPORATION		
27488 2	VENERE CORPORATION COBRA		
27488 3	VENERE CORPORATION COBRA		
27488 4	VENERE CORPORATION		
27489 1	PACIFIC ISLAND CHEMICALS CORP DBA TESTRON HAWAII (MAIN) PPP		
27489 2	PACIFIC ISLAND CHEMICALS CORP DBA TESTRON HAWAII (MAIN) COBR		
27489 3	PACIFIC ISLAND CHEMICALS CORP DBA TESTRON HAWAII (MAIN) COBR		
27489 4	PACIFIC ISLAND CHEMICALS CORP DBA TESTRON HAWAII (MAIN) PPP		
27490 1	TRINITY PRESBYTERIAN CHURCH INC DBA TRINITY CHRISTIAN SCHOOL		4/30/2023
27490 2	TRINITY PRESBYTERIAN CHURCH INC DBA TRINITY CHRISTIAN SCHOOL		4/30/2023
27490 3	TRINITY PRESBYTERIAN CHURCH INC DBA TRINITY CHRISTIAN SCHOOL		4/30/2023
27490 4	TRINITY PRESBYTERIAN CHURCH INC DBA TRINITY CHRISTIAN SCHOOL		4/30/2023
27491 1	UNITED AUTO PARTS INC PPP COMPMED HPH PLUS WITH RIDERS		
27491 2	UNITED AUTO PARTS INC COBRA PPP COMPMED HPH PLUS WITH RIDERS		
27491 3	UNITED AUTO PARTS INC COBRA PPP PLUS WITH RIDERS		
27491 4	UNITED AUTO PARTS INC PPP PLUS WITH RIDERS		
27492 1	LONGHIS KOOLINA LLC PPP COMPMED HPH PLUS WITH RIDERS		
27492 2	LONGHIS KOOLINA LLC COBRA PPP COMPMED HPH PLUS WITH RIDERS		
27492 3	LONGHIS KOOLINA LLC COBRA PPP PLUS WITH RIDERS		
27492 4	LONGHIS KOOLINA LLC PPP PLUS WITH RIDERS		
27496 1	WAILEA GOLF LLC		
27496 2	WAILEA GOLF LLC COBRA		
27496 3	WAILEA GOLF LLC COBRA		
27496 4	WAILEA GOLF LLC		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
27497 1	HONPA HONGWANJI MISSION OF HAWAII		
27497 2	HONPA HONGWANJI MISSION OF HAWAII COBRA		
27498 1	HIIPAKA LLC		
27498 2	HIIPAKA LLC COBRA		
27498 3	HIIPAKA LLC COBRA		
27498 4	HIIPAKA LLC		
27498 5	HIIPAKA LLC COBRA 150%		
27500 1	WAVE INC		
27500 2	WAVE INC COBRA		
27500 3	WAVE INC COBRA		
27500 4	WAVE INC		
27501 1	WELLSPRING COVENANT CHURCH		
27501 2	WELLSPRING COVENANT CHURCH COBRA		
27501 3	WELLSPRING COVENANT CHURCH COBRA		
27501 4	WELLSPRING COVENANT CHURCH		
27503 1	WINDWARD CHURCH OF THE NAZARENE		
27503 2	WINDWARD CHURCH OF THE NAZARENE COBRA		
27503 3	WINDWARD CHURCH OF THE NAZARENE COBRA		
27503 4	WINDWARD CHURCH OF THE NAZARENE		
27505 1	DIAMOND HEAD PLUMBING		
27505 2	DIAMOND HEAD PLUMBING COBRA		
27505 3	DIAMOND HEAD PLUMBING COBRA		
27505 4	DIAMOND HEAD PLUMBING		
27506 1	DASHER CORPORATION		
27506 2	DASHER CORPORATION COBRA		
27508 1	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL DBA ALEWA		
27508 2	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL DBA ALEWA		
27508 3	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL DBA ALEWA		
27508 4	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL DBA ALEWA		
27509 1	KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA		
27509 2	KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA		
27509 3	KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA		
27509 4	KONA ASSOCIATION FOR RETARDED CITIZENS DBA THE ARC OF KONA		
29093 1	MD CLEANERS LLC DBA MD RESTORATION PPP COMPMD WITH RIDERS		
29093 2	MD CLEANERS LLC DBA MD RESTORATION COBRA PPP COMPMD WITH		
29093 3	MD CLEANERS LLC DBA MD RESTORATION COBRA PPP PLUS WITH		
29093 4	MD CLEANERS LLC DBA MD RESTORATION PPP PLUS WITH RIDERS		
29096 1	FRIENDLY MARKET CENTER, LIMITED PPP COMPMD WITH RIDERS		
29096 2	FRIENDLY MARKET CENTER, LIMITED (COBRA) PPP COMPMD WITH RID		
29096 3	FRIENDLY MARKET CENTER, LIMITED (COBRA) PPP PLUS WITH RIDERS		
29096 4	FRIENDLY MARKET CENTER, LIMITED PPP PLUS WITH RIDERS		
29099 1	BLOOD BANK OF HAWAII PPP HPH PLUS WITH RIDERS		
29099 2	BLOOD BANK OF HAWAII COBRA PPP HPH PLUS WITH RIDERS		
29100 1	SUNSHINE HELICOPTERS INC PPP COMPMD HPH WITH RIDERS		
29100 3	SUNSHINE HELICOPTERS INC COBRA PPP PLUS WITH RIDERS		
29100 4	SUNSHINE HELICOPTERS INC PPP PLUS WITH RIDERS		
29100 5	SUNSHINE HELICOPTERS INC COBRA PPP COMPMD HPH WITH RIDERS		
29100 6	SUNSHINE HELICOPTERS INC COBRA PPP COMPMD HPH WITH RIDERS		
29101 1	WAIALAE BAPTIST CHURCH		
29101 2	WAIALAE BAPTIST CHURCH COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
29101 3	WAIALAE BAPTIST CHURCH COBRA		
29101 4	WAIALAE BAPTIST CHURCH		
29105 1	PONOENVY LLC PPP COMPMED WITH RIDERS		
29105 3	PONOENVY LLC COBRA PPP PLUS WITH RIDERS		
29105 4	PONOENVY LLC PPP PLUS WITH RIDERS		
29105 5	PONOENVY LLC COBRA PPP COMPMED WITH RIDERS		
29106 1	INSPIRATION HAWAII INC DBA INSPIRATION INTERIORS PPP COMPMED		
29106 2	INSPIRATION HAWAII INC DBA INSPIRATION INTERIORS COBRA PPP		
29106 3	INSPIRATION HAWAII INC DBA INSPIRATION INTERIORS COBRA PPP		
29106 4	INSPIRATION HAWAII INC DBA INSPIRATION INTERIORS PPP PLUS		
29107 1	AMUSE RESTAURANT DBA STAGE RESTAURANT PPP COMP MED		
29107 2	AMUSE RESTAURANT DBA STAGE RESTAURANT COBRA PPP COMP MED		
29107 3	AMUSE RESTAURANT DBA STAGE RESTAURANT COBRA PPP PLUS		
29107 4	AMUSE RESTAURANT DBA STAGE RESTAURANT PPP PLUS		
29110 1	RAINBOW SCHOOL PPP COMPMED WITH RIDERS		
29110 2	RAINBOW SCHOOL COBRA PPP COMPMED WITH RIDERS		
29110 3	RAINBOW SCHOOL COBRA PPP PLUS WITH RIDERS		
29110 4	RAINBOW SCHOOL PPP PLUS WITH RIDERS		
29111 1	MAUNALANI NURSING AND REHAB CENTER PPP COMPMED WITH RIDERS		
29111 2	MAUNALANI NURSING AND REHAB CENTER COBRA PPP COMPMED		
29111 3	MAUNALANI NURSING AND REHAB CENTER COBRA PPP PLUS		
29111 4	MAUNALANI NURSING AND REHAB CENTER PPP PLUS WITH RIDERS		
29115 1	PAPA OLA LOKAHI PPP HPH COMPMED WITH RIDERS		
29115 2	PAPA OLA LOKAHI COBRA PPP HPH COMPMED WITH RIDERS		
29115 3	PAPA OLA LOKAHI COBRA PPP PLUS WITH RIDERS		
29115 4	PAPA OLA LOKAHI PPP PLUS WITH RIDERS		
29116 1	D&M HYDRAULIC SALES & SERVICES, INC. PPP COMPMED WITH RIDERS		
29116 2	D&M HYDRAULIC SALES & SERVICES, INC. COBRA PPP COMPMED WITH		
29116 3	D&M HYDRAULIC SALES & SERVICES, INC. COBRA PPP PLUS WITH		
29116 4	D&M HYDRAULIC SALES & SERVICES, INC. PPP PLUS WITH RIDERS		
29117 1	D&M INDUSTRIAL REPAIR SERVICES, INC. PPP COMPMED WITH RIDERS		
29117 2	D&M INDUSTRIAL REPAIR SERVICES, INC. COBRA PPP COMPMED WITH		
29117 3	D&M INDUSTRIAL REPAIR SERVICES, INC. COBRA PPP PLUS WITH		
29117 4	D&M INDUSTRIAL REPAIR SERVICES, INC. PPP PLUS WITH RIDERS		
29121 1	FIRST BAPTIST CHURCH OF WAHIAWA PPP COMPMED WITH RIDERS		
29121 2	FIRST BAPTIST CHURCH OF WAHIAWA COBRA PPP COMPMED WITHRIDERS		
29121 3	FIRST BAPTIST CHURCH OF WAHIAWA COBRA PPP PLUS WITH RIDERS		
29121 4	FIRST BAPTIST CHURCH OF WAHIAWA PPP PLUS WITH RIDERS		
29128 1	PACIFIC SERVICE AND DEVELOPMENT CORPORATION PPP COMPMED HPH		
29128 2	PACIFIC SERVICE AND DEVELOPMENT CORPORATION COBRA PPP		
29128 3	PACIFIC SERVICE AND DEVELOPMENT CORPORATION COBRA PPP PLUS		
29128 4	PACIFIC SERVICE AND DEVELOPMENT CORPORATION PPP PLUS WITH		
29131 1	NIPPON TRAVEL AGENCY HAWAII INC PPP COMPMED HPH WITH RIDERS		
29131 2	NIPPON TRAVEL AGENCY HAWAII INC (COBRA) PPP COMPMED HPH WITH		
29131 3	NIPPON TRAVEL AGENCY HAWAII INC (COBRA) PPP PLUS WITH RIDERS		
29131 4	NIPPON TRAVEL AGENCY HAWAII INC PPP PLUS WITH RIDERS		
29133 1	FULL LIFE PPP COMPMED WITH RIDERS		
29133 2	FULL LIFE COBRA PPP COMPMED WITH RIDERS		
29133 3	FULL LIFE COBRA PPP PLUS WITH RIDERS		
29133 4	FULL LIFE PPP PLUS WITH RIDERS		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
30824 1	OAHU LLC DBA CARE FACILITY PPP COMPMPED HPH WITH		12/31/2023
30829 1	PEARL CITY LLC DBA NURSING HOME PPP COMPMPED HPH		12/31/2023
30829 2	PEARL CITY LLC DBA NURSING HOME COBRA PPP COMPMPED		12/31/2023
30829 3	PEARL CITY LLC DBA NURSING HOME COBRA PPP PLUS WITH		12/31/2023
30829 4	PEARL CITY LLC DBA NURSING HOME PPP PLUS WITH		12/31/2023
30842 1	KIM LLC DBA KULANA MALAMA PPP COMPMPED HPH WITH		12/31/2023
30850 1	BIG ISLAND SUBSTANCE ABUSE COUNCIL PPP COMPMPED WITH RIDERS		
30850 2	BIG ISLAND SUBSTANCE ABUSE COUNCIL COBRA PPP COMPMPED WITH		
30850 3	BIG ISLAND SUBSTANCE ABUSE COUNCIL COBRA PPP PLUS WITH		
30850 4	BIG ISLAND SUBSTANCE ABUSE COUNCIL PPP PLUS WITH RIDERS		
30854 1	DATAHOUSE CONSULTING INC PPP COMPMPED HPH WITH RIDERS		
30854 2	DATAHOUSE CONSULTING INC COBRA PPP COMPMPED HPH WITH RIDERS		
30854 3	DATAHOUSE CONSULTING INC COBRA PPP PLUS WITH RIDERS		
30854 4	DATAHOUSE CONSULTING INC PPP PLUS WITH RIDERS		
30855 1	EKAHI CARE MANAGEMENT LLC PPP COMPMPED HPH WITH RIDERS		
30855 2	EKAHI CARE MANAGEMENT LLC COBRA PPP COMPMPED HPH WITH RIDERS		
30855 3	EKAHI CARE MANAGEMENT LLC COBRA PPP PLUS WITH RIDERS		
30855 4	EKAHI CARE MANAGEMENT LLC PPP PLUS WITH RIDERS		
30856 1	EKAHI HEALTH SYSTEMS LLC PPP COMPMPED HPH WITH RIDERS		
30856 2	EKAHI HEALTH SYSTEMS LLC COBRA PPP COMPMPED HPH WITH RIDERS		
30856 3	EKAHI HEALTH SYSTEMS LLC COBRA PPP PLUS WITH RIDERS		
30856 4	EKAHI HEALTH SYSTEMS LLC PPP PLUS WITH RIDERS		
30857 1	EKAHI INTERGRATED PRACTICES CENTRAL LLC PPP COMPMPED HPH WITH		
30857 2	EKAHI INTERGRATED PRACTICES CENTRAL LLC COBRA PPP COMPMPED		
30857 3	EKAHI INTERGRATED PRACTICES CENTRAL LLC COBRA PPP PLUS WITH		
30857 4	EKAHI INTERGRATED PRACTICES CENTRAL LLC PPP PLUS WITH RIDERS		
30858 1	IKE GROUP INC PPP COMPMPED HPH WITH RIDERS		
30858 2	IKE GROUP INC COBRA PPP COMPMPED HPH WITH RIDERS		
30858 3	IKE GROUP INC COBRA PPP PLUS WITH RIDERS		
30858 4	IKE GROUP INC PPP PLUS WITH RIDERS		
30865 1	PRAXIS CORPORATION PPP COMPMPED HPH WITH RIDERS		
30865 2	PRAXIS CORPORATION COBRA PPP COMPMPED HPH WITH RIDERS		
30865 3	PRAXIS CORPORATION COBRA PPP PLUS WITH RIDERS		
30865 4	PRAXIS CORPORATION PPP PLUS WITH RIDERS		
30867 1	TEAMPRAXIS LLC PPP COMPMPED HPH WITH RIDERS		
30867 2	TEAMPRAXIS LLC COBRA PPP COMPMPED HPH WITH RIDERS		
30867 3	TEAMPRAXIS LLC COBRA PPP PLUS WITH RIDERS		
30867 4	TEAMPRAXIS LLC PPP PLUS WITH RIDERS		
30869 1	ARC OF MAUI COUNTY PPP COMPMPED WITH RIDERS		
30869 2	ARC OF MAUI COUNTY COBRA PPP COMPMPED WITH RIDERS		
30869 3	ARC OF MAUI COUNTY COBRA PPP PLUS WITH RIDERS		
30869 4	ARC OF MAUI COUNTY PPP PLUS WITH RIDERS		
30870 1	ARC OF MAUI COUNTY - MOLOKAI RESIDENCE PPP COMPMPED WITH		
30870 2	ARC OF MAUI COUNTY - MOLOKAI RESIDENCE COBRA PPP COMPMPED		
30870 3	ARC OF MAUI COUNTY - MOLOKAI RESIDENCE COBRA PPP PLUS WITH		
30870 4	ARC OF MAUI COUNTY - MOLOKAI RESIDENCE PPP PLUS WITH RIDERS		
30872 1	UNCLE BO'S LLC DBA UNCLE BO'S PUPU BAR AND GRILL		
30872 2	UNCLE BO'S LLC DBA UNCLE BO'S PUPU BAR AND GRILL COBRA		
30872 3	UNCLE BO'S LLC DBA UNCLE BO'S PUPU BAR AND GRILL COBRA		
30872 4	UNCLE BO'S LLC DBA UNCLE BO'S PUPU BAR AND GRILL		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
30878 1	UNCLE BO'S HALEIWA LLC		
30878 2	UNCLE BO'S HALEIWA LLC COBRA		
30878 3	UNCLE BO'S HALEIWA LLC COBRA		
30878 4	UNCLE BO'S HALEIWA LLC		
30886 1	BLUE CHAKRA CONNECTIONS INC DBA STAFFING BY GEH PPP COMPMED		
30886 2	BLUE CHAKRA CONNECTIONS INC DBA STAFFING BY GEH COBRA PPP		
30886 3	BLUE CHAKRA CONNECTIONS INC DBA STAFFING BY GEH COBRA PPP		
30886 4	BLUE CHAKRA CONNECTIONS INC DBA STAFFING BY GEH PPP PLUS		
30888 1	UNIVERSITY AVENUE BAPTIST CHURCH PPP COMPMED HPH W/ RIDERS		
30888 2	UNIVERSITY AVENUE BAPTIST CHURCH COBRA PPP COMPMED HPH		
30888 3	UNIVERSITY AVENUE BAPTIST CHURCH COBRA PPP PLUS WITH RIDERS		
30888 4	UNIVERSITY AVENUE BAPTIST CHURCH PPP PLUS WITH RIDERS		
30902 1	MEOHANA LLC DBA MASSAGE ENVY MAUI PPP COMPMED WITH RIDERS		
30902 2	MEOHANA LLC DBA MASSAGE ENVY MAUI COBRA PPP COMPMED WITH		
30902 3	MEOHANA LLC DBA MASSAGE ENVY MAUI COBRA PPP PLUS WITH RIDERS		
30902 4	MEOHANA LLC DBA MASSAGE ENVY MAUI PPP PLUS WITH RIDERS		
30909 1	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 2	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 3	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 4	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 5	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 6	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 7	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
30909 8	TANIOKAS FISH MARKET INC DBA TANIOKAS SEAFOODS AND		12/31/2023
32130 1	HELPING HANDS HAWAII PPP COMPMED HPH WITH RIDERS		
32130 2	HELPING HANDS HAWAII COBRA PPP COMPMED HPH WITH RIDERS		
32130 3	HELPING HANDS HAWAII COBRA PPP PLUS WITH RIDERS		
32130 4	HELPING HANDS HAWAII PPP PLUS WITH RIDERS		
32131 1	FISHHOPPER LLC DBA THE FISH HOPPER PPP COMPMED WITH RIDERS		
32131 2	FISHHOPPER LLC COBRA DBA THE FISH HOPPER COBRA PPP		
32131 3	FISHHOPPER LLC COBRA DBA THE FISH HOPPER COBRA PPP		
32131 4	FISHHOPPER LLC DBA THE FISH HOPPER PPP PLUS WITH RIDERS		
32164 1	HUI MALAMA OLA NA OIWI PPP COMPMED HPH WITH RIDERS		
32164 2	HUI MALAMA OLA NA OIWI COBRA PPP COMPMED HPH WITH RIDERS		
32164 3	HUI MALAMA OLA NA OIWI COBRA PPP PLUS WITH RIDERS		
32164 4	HUI MALAMA OLA NA OIWI PPP PLUS WITH RIDERS		
32165 1	RESPONSIVE CAREGIVERS OF HAWAII PPP COMPMED WITH RIDERS		
32165 2	RESPONSIVE CAREGIVERS OF HAWAII COBRA PPP COMPMED WITH		
32165 3	RESPONSIVE CAREGIVERS OF HAWAII COBRA PPP PLUS WITH RIDERS		
32165 4	RESPONSIVE CAREGIVERS OF HAWAII PPP PLUS WITH RIDERS		
101902 1	HOSPICE MAUI INC PPP COMPMED		
101902 2	HOSPICE MAUI INC PPP COMPMED COBRA		
101902 3	HOSPICE MAUI INC PPP PLUS COBRA		
101902 4	HOSPICE MAUI INC PPP PLUS		
102054 1	KIHEI BAPTIST CHAPEL PPP COMPMED		
102054 2	KIHEI BAPTIST CHAPEL PPP COMPMED COBRA		
102054 3	KIHEI BAPTIST CHAPEL PPP PLUS COBRA		
102054 4	KIHEI BAPTIST CHAPEL PPP PLUS		
102812 1	FOURSQUARE DBA NEW HOPE HAWAII KAI PPP COMPMED		
102812 2	FOURSQUARE DBA NEW HOPE HAWAII KAI PPP COMPMED COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
102812 3	FOURSQUARE DBA NEW HOPE HAWAII KAI PPP PLUS COBRA		
102812 4	FOURSQUARE DBA NEW HOPE HAWAII KAI PPP PLUS		
103622 1	BASIC FOOD GROUP LLC DENTAL		
104954 1	FROGMAN CHARTERS DBA BOSS FROGS PPP COMPMED		
104954 2	FROGMAN CHARTERS DBA BOSS FROGS (COBRA) PPP COMPMED		
104954 3	FROGMANS CHARTERS DBA BOSS FROGS (COBRA) PPP PLUS		
104954 4	FROGMAN CHARTERS DBA BOSS FROGS PPP PLUS		
104958 1	KAHIKOLU LTD DBA CALYPSO MAUI PPP COMPMED		
104958 2	KAHIKOLU LTD DBA CALYPSO MAUI COBRA PPP COMPMED		
104958 3	KAHIKOLU LTD DBA CALYPSO MAUI COBRA PPP PLUS		
104958 4	KAHIKOLU LTD DBA CALYPSO MAUI PPP PLUS		
104963 1	IDLE WILD DBA MALOLO CHARTERS PPP COMPMED		
104963 2	IDLE WILD DBA MALOLO CHARTERS COBRA PPP COMPMED		
104963 3	IDLE WILD DBA MALOLO CHARTERS COBRA PPP PLUS		
104963 4	IDLE WILD DBA MALOLO CHARTERS PPP PLUS		
104967 1	FROGMAN MARKETING LLC DBA HAWAII ACT PPP COMPMED		
104967 2	FROGMAN MARKETING LLC DBA HAWAII ACT COBRA PPP COMPMED		
104967 3	FROGMAN MARKETING LLC DBA HAWAII ACT COBRA PPP PLUS		
104967 4	FROGMAN MARKETING LLC DBA HAWAII ACT PPP PLUS		
104971 1	KAULANA OF MAUI INC DBA QUICKSILVER PPP COMMED		
104971 2	KAULANA OF MAUI INC DBA QUICKSILVER COBRA PPP COMPMED		
104971 3	KAULANA OF MAUI INC DBA QUICKSILVER COBRA PPP PLUS		
104971 4	KAULANA OF MAUI INC DBA QUICKSILVER PPP PLUS		
105782 1	HOBO ENTERPRISES LLC PPP COMPMED		
105782 2	HOBO ENTERPRISES LLC COBRA PPP COMPMED		
105782 3	HOBO ENTERPRISES LLC COBRA PPP PLUS		
105782 4	HOBO ENTERPRISES LLC PPP PLUS		
106474 1	HOSHINO RESORTS HAWAII LLC PPP COMPMED HPH		
106474 2	HOSHINO RESORTS HAWAII LLC COBRA PPP COMPMED HPH		
106474 3	HOSHINO RESORTS HAWAII LLC COBRA PPP PLUS		
106474 4	HOSHINO RESORTS HAWAII LLC PPP PLUS		
106478 1	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL PPP COMPMED		
106478 2	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL COBRA PPP		
106478 3	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL COBRA PPP PLUS		
106478 4	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL PPP PLUS		
106820 1	HAWAII PACIFIC BAPTIST CONVENTION PPP COMPMED		
106820 2	HAWAII PACIFIC BAPTIST CONVENTION COBRA PPP COMPMED		
106820 3	HAWAII PACIFIC BAPTIST CONVENTION COBRA PPP PLUS		
106820 4	HAWAII PACIFIC BAPTIST CONVENTION PPP PLUS		
106832 1	HAWAIIAN HUMANE SOCIETY PPP COMPMED		
106832 2	HAWAIIAN HUMANE SOCIETY COBRA PPP COMPMED		
106832 3	HAWAIIAN HUMANE SOCIETY COBRA PPP PLUS		
106832 4	HAWAIIAN HUMANE SOCIETY PPP PLUS		
106903 1	KAANAPALI KAI CHARTERS INC PPP COMPMED		
106903 2	KAANAPALI KAI CHARTERS INC COBRA PPP COMPMED		
106903 3	KAANAPALI KAI CHARTERS INC COBRA PPP PLUS		
106903 4	KAANAPALI KAI CHARTERS INC PPP PLUS		
108051 1	CYANOTECH CORPORATION PPP COMPMED		
108051 2	CYANOTECH CORPORATION COBRA PPP COMPMED		
108051 3	CYANOTECH CORPORATION COBRA PPP PLUS		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
108051 4	CYANOTECH CORPORATION PPP PLUS		
108051 5	CYANOTECH CORPORATION COBRA 150% PPP COMPMED		
108051 6	CYANOTECH CORPORATION COBRA 150% PPP PLUS		
108055 1	GENKI SUSHI USA INC PPP COMPMED		
108055 2	GENKI SUSHI USA INC COBRA PPP COMPMED		
108055 3	GENKI SUSHI USA INC COBRA PPP PLUS		
108055 4	GENKI SUSHI USA INC PPP PLUS		
108055 5	GENKI SUSHI USA INC COBRA 150% PPP COMPMED		
108055 6	GENKI SUSHI USA INC COBRA 150% PPP PLUS		
112461 1	ANTHONY NUNES INC PPP COMPMED		
112461 4	ANTHONY NUNES INC PPP PLUS		
112714 1	PACIFIC MERITAGE LLC DBA CHILIS GRILL & BAR PPP COMPMED HPH		
112714 2	PACIFIC MERITAGE LLC DBA CHILIS GRILL & BAR PPP COMPMED HPH		
112714 3	PACIFIC MERITAGE LLC DBA CHILIS GRILL & BAR PPP PLUS (COBRA)		
112714 4	PACIFIC MERITAGE LLC DBA CHILIS GRILL & BAR PPP PLUS		
113291 1	GINSHARI INC DBA KURUKURU SUSHI PPP COMPMED		
113291 2	GINSHARI INC DBA KURUKURU SUSHI PPP COMPMED COBRA		
113291 3	GINSHARI INC DBA KURUKURU SUSHI PPP PLUS COBRA		
113291 4	GINSHARI INC DBA KURUKURU SUSHI PPP PLUS		
114359 1	EWORLD ENTERPRISE SOLUTIONS INC PPP COMPMED		
114359 2	EWORLD ENTERPRISE SOLUTIONS INC COBRA PPP COMPMED		
114359 3	EWORLD ENTERPRISE SOLUTIONS INC COBRA PPP PLUS		
114359 4	EWORLD ENTERPRISE SOLUTIONS INC PPP PLUS		
115007 1	N&K CPAS INC PPP COMPMED HPH		
115007 2	N&K CPAS INC PPP COMPMED HPH COBRA		
115007 3	N&K CPAS INC PPP PLUS COBRA		
115007 4	N&K CPAS INC PPP PLUS		
115011 1	EAST HAWAII STATE VETERANS HOME PPP COMPMED		
115011 2	EAST HAWAII STATE VETERANS HOME PPP COMPMED COBRA		
115011 3	EAST HAWAII STATE VETERANS HOME PPP PLUS COBRA		
115011 4	EAST HAWAII STATE VETERANS HOME PPP PLUS		
115015 1	ELEELE BAPTIST CHURCH PPP COMPMED		
115015 4	ELEELE BAPTIST CHURCH PPP PLUS		
115283 1	HUI NO KE OLA PONO INC PPP COMPMED		
115283 2	HUI NO KE OLA PONO INC PPP COMPMED COBRA		
115283 3	HUI NO KE OLA PONO INC PPP PLUS COBRA		
115283 4	HUI NO KE OLA PONO INC PPP PLUS		
116204 1	ALOHA HP LLC PPP COMPMED		
116204 2	ALOHA HP LLC PPP COMPMED COBRA		
116204 3	ALOHA HP LLC PPP PLUS COBRA		
116204 4	ALOHA HP LLC PPP PLUS		
117104 2	CW ASSOCIATES A HAWAII CERTIFIED PUBLIC ACCOUNTING CORP PPP		
117104 3	CW ASSOCIATES A HAWAII CERTIFIED PUBLIC ACCOUNTING CORP PPP		
117180 1	KIMI HOTELS INC PPP COMPMED HPH		
117180 2	KIMI HOTELS INC PPP COMPMED HPH COBRA		
117180 3	KIMI HOTELS INC PPP PLUS COBRA		
117180 4	KIMI HOTELS INC PPP PLUS		
117184 1	KONA SEASIDE INC PPP COMPMED HPH		
117184 2	KONA SEASIDE INC PPP COMPMED HPH COBRA		
117184 3	KONA SEASIDE INC PPP PLUS COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
117184 4	KONA SEASIDE INC PPP PLUS		
117195 1	GOURMET EVENTS HAWAII LLC DBA KAU KAU BOX PPP COMPMED		
117195 2	GOURMET EVENTS HAWAII LLC DBA KAU KAU BOX PPP COMPMED COBRA		
117195 3	GOURMET EVENTS HAWAII LLC DBA KAU KAU BOX PPP PLUS COBRA		
117195 4	GOURMET EVENTS HAWAII LLC DBA KAU KAU BOX PPP PLUS		
118813 1	JULIE B BLUE FIN LLC PPP COMPMED		
118813 2	JULIE B BLUE FIN LLC PPP COMPMED (COBRA)		
118813 3	JULIE B BLUE FIN LLC PPP PLUS (COBRA)		
119731 1	THE ISLANDER GROUP INC PPP COMPMED HPH		
119731 2	THE ISLANDER GROUP INC PPP COMPMED HPH (COBRA)		
119731 3	THE ISLANDER GROUP INC PPP PLUS (COBRA)		
119731 4	THE ISLANDER GROUP INC PPP PLUS		
120662 1	INTERNATIONAL CHURCH FOURSQUARE DBA NEW HOPE LEEWARD PPP		
120662 2	INTERNATIONAL CHURCH FOURSQUARE DBA NEW HOPE LEEWARD PPP		
120662 3	INTERNATIONAL CHURCH FOURSQUARE DBA NEW HOPE LEEWARD PPP		
120662 4	INTERNATIONAL CHURCH FOURSQUARE DBA NEW HOPE LEEWARD PPP		
121710 1	KALAPAWAI CAFE INC PPP COMPMED		
121710 2	KALAPAWAI CAFE INC PPP COMPMED COBRA		
121710 3	KALAPAWAI CAFE INC PPP PLUS COBRA		
121710 4	KALAPAWAI CAFE INC PPP PLUS		
121714 1	ZZYZX MARKET INC PPP COMPMED		
121714 2	ZZYZX MARKET INC PPP COMPMED COBRA		
121714 3	ZZYZX MARKET INC PPP PLUS COBRA		
121714 4	ZZYZX MARKET INC PPP PLUS		
121718 1	WAIMANALO KITCHEN LLC PPP COMPMED		
121718 2	WAIMANLAO KITCHEN LLC PPP COMPMED COBRA		
121718 3	WAIMANALO KITCHEN LLC PPP PLUS COBRA		
121718 4	WAIMANALO KITCHEN LLC PPP PLUS		
121722 1	KALAPAWAI RESTAURANTS INC PPP COMPMED		
121722 2	KALAPAWAI RESTAURANTS INC PPP COMPMED COBRA		
121722 3	KALAPAWAI RESTAURANTS INC PPP PLUS COBRA		
121722 4	KALAPAWAI RESTAURANTS INC PPP PLUS		
121726 1	HAWAII FOODBANK INC PPP COMPMED		
121726 2	HAWAII FOODBANK INC PPP COMPMED COBRA		
121726 3	HAWAII FOODBANK INC PPP PLUS COBRA		
121726 4	HAWAII FOODBANK INC PPP PLUS		
121730 1	KAUAI RESTORATION AND CLEANING INC PPP COMPMED		
121730 2	KAUAI RESTORATION AND CLEANING INC PPP COMPMED COBRA		
121730 3	KAUAI RESTORATION AND CLEANING INC PPP PLUS COBRA		
121730 4	KAUAI RESTORATION AND CLEANING INC PPP PLUS		
121821 1	PACIFIC POWER ELECTRICAL CONTRACTING LLC PPP COMPMED		
121821 2	PACIFIC POWER ELECTRICAL CONTRACTING LLC PPP COMPMED COBRA		
121821 3	PACIFIC POWER ELECTRICAL CONTRACTING LLC PPP PLUS COBRA		
121821 4	PACIFIC POWER ELECTRICAL CONTRACTING LLC PPP PLUS		
123166 1	KAMAAINA CARE INC PPP COMPMED HPH		
123166 2	KAMAAINA CARE INC PPP COMPMED HPH COBRA		
123173 3	C & Y CPA'S LLC COBRA		
123173 4	C & Y CPA'S LLC PPP PLUS		
123443 1	NEW HOPE OAHU PPP COMPMED		
123443 2	NEW HOPE OAHU PPP COMPMED COBRA		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
123443 3	NEW HOPE OAHU PPP PLUS COBRA		
123443 4	NEW HOPE OAHU PPP PLUS		
123600 1	SACRED HEARTS ACADEMY PPP COMPMED		
123600 2	SACRED HEARTS ACADEMY PPP COMPMED COBRA		
123600 3	SACRED HEARTS ACADEMY PPP PLUS COBRA		
123600 4	SACRED HEARTS ACADEMY PPP PLUS		
124739 3	NANEA GOLF CLUB INC PPP PLUS COBRA		
124739 4	NANEA GOLF CLUB INC PPP PLUS		
124742 1	UNICOLD CORPORATION PPP HPH		
124742 2	UNICOLD CORPORATION PPP HPH COBRA		
124750 1	EKO PAINTING INC PPP COMPMED HPH		
124750 2	EKO PAINTING INC PPP COMPMED HPH COBRA		
124750 3	EKO PAINTING INC PPP PLUS COBRA		
124750 4	EKO PAINTING INC PPP PLUS		
124880 1	PALEHUA PARTNERS JOINT VENTURE PPP COMPMED HPH		
124880 2	PALEHUA PARTNERS JOINT VENTURE PPP COMPMED HPH COBRA		
124884 1	HAMAKUA MACADAMIA NUT COMPANY PPP COMPMED HPH		
124884 2	HAMAKUA MACADEMIA NUT COMPANY PPP COMPMED HPH COBRA		
124886 1	KA U FARMS MANAGEMENT LLC PPP COMPMED HPH		
124886 2	KA U FARMS MANAGEMENT LLC PPP COMPMED HPH COBRA		
124888 1	OK FARMS LLC PPP COMPMED HPH		
124888 2	OK FARMS LLC PPP COMPMED HPH COBRA		
124891 1	KA'U COFFEE MILL LLC PPP COMPMED HPH		
124891 2	KA'U COFFEE MILL LLC PPP COMPMED HPH COBRA		
125033 1	NA PU UWAI PPP COMPMED		
125033 2	NA PU UWAI PPP COMPMED COBRA		
125033 3	NA PU UWAI PPP PLUS COBRA		
125033 4	NA PU'UWAI PPP PLUS		
125050 1	MR TUTTLE DBA GANNONS PPP COMPMED		
125050 2	MR TUTTLE DBA GANNONS PPP COMPMED COBRA		
125050 3	MR TUTTLE DBA GANNONS PPP PLUS COBRA		
125050 4	MR TUTTLE DBA GANNONS PPP PLUS		
125054 1	HALIIMAILE GENERAL PPP COMPMED		
125054 2	HALIIMAILE GENERAL PPP COMPMED COBRA		
125054 3	HALIIMAILE GENERAL PPP PLUS COBRA		
125054 4	HALIIMAILE GENERAL PPP PLUS		
125079 1	HALE KIPA INC PPP COMPMED		
125079 2	HALE KIPA INC PPP COMPMED COBRA		
125079 3	HALE KIPA INC PPP PLUS COBRA		
125079 4	HALE KIPA INC PPP PLUS		
125097 1	NEW HOPE INTERNATIONAL MINISTRIES PPP COMPMED		
125209 4	PACIFIC HEALTHCARE GROUP PPP PLUS		12/31/2023
125317 1	THE CLUB AT KUKUIULA PPP COMPMED		
125317 2	THE CLUB AT KUKUIULA PPP COMPMED COBRA		
125317 3	THE CLUB AT KUKUIULA PPP PLUS COBRA		
125317 4	THE CLUB AT KUKUIULA PPP PLUS		
126457 1	HAWAII HOMELESS HEALTHCARE HUI PPP COMPMED		
126457 2	HAWAII HOMELESS HEALTHCARE HUI PPP COMPMED COBRA		
126457 3	HAWAII HOMELESS HEALTHCARE HUI PPP PLUS COBRA		
126457 4	HAWAII HOMELESS HEALTHCARE HUI PPP PLUS		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
127124 1	HAWAII HOMELESS HEALTHCARE HUI PPP COMPMED		
127124 2	HAWAII HOMELESS HEALTHCARE HUI PPP COMPMED COBRA		
127124 3	HAWAII HOMELESS HEALTHCARE HUI PPP PLUS COBRA		
127124 4	HAWAII HOMELESS HEALTHCARE HUI PPP PLUS		
128839 1	DEA FOOD SERVICE USA INC PPP COMPMED		
128839 3	IDEA FOOD SERVICE USA INC. PPP PLUS COBRA		
128839 4	IDEA FOOD SERVICE USA INC. PPP PLUS		
129523 1	LUMISIGHT INC PPP COMPMED HPH		
129523 2	LUMISIGHT INC PPP COMPMED HPH COBRA		
129523 3	LUMISIGHT INC PPP PLUS COBRA		
129523 4	LUMISIGHT INC PPP PLUS		
130851 1	CASTLE INTERNATIONAL CORPORATION PPP COMPMED		
130851 2	CASTLE INTERNATIONAL CORPORATION PPP COMPMED COBRA DBA VERTI		
130851 3	CASTLE INTERNATIONAL CORPORATION PPP PLUS COBRA		
130851 4	CASTLE INTERNATIONAL CORPORATION PPP PLUS		
130867 1	BISHOP MUSEUM COMPMED		12/31/2024
130867 2	BISHOP MUSEUM COMPMED COBRA		12/31/2024
130870 1	BACON-UNIVERSAL COMPANY INC PPP COMPMED		
130870 2	BACON-UNIVERSAL COMPANY INC PPP COMPMED COBRA		
130870 3	BACON-UNIVERSAL COMPANY INC PPP PLUS COBRA		
130870 4	BACON-UNIVERSAL COMPANY INC PPP PLUS		
131485 1	RALPH S. INOUE CO LTD PPP		
131485 2	RALPH S. INOUE CO LTD PPP COBRA		
131633 1	MID-PACIFIC INSTITUTE PPP COMPMED HPH		
131633 2	MID-PACIFIC INSTITUTE PPP COMPMED HPH COBRA		
131633 3	MID-PACIFIC INSTITUTE PPP PLUS COBRA		
131633 4	MID-PACIFIC INSTITUTE PPP PLUS		
132284 1	GORDON MECHANICAL PPP COMPMED WITH RIDERS		
132284 2	GORDON MECHANICAL COBRA PPP COMPMED WITH RIDERS		
132284 3	GORDON MECHANICAL LLC COBRA PPP PLUS WITH RIDERS		
132284 4	GORDON MECHANICAL LLC PPP PLUS WITH RIDERS		
133241 1	YWCA OF HAWAII ISLAND PPP COMPMED		
133241 2	YWCA OF HAWAII ISLAND PPP COMPMED COBRA		
133241 3	YWCA OF HAWAII ISLAND PPP PLUS COBRA		
133241 4	YWCA OF HAWAII ISLAND PPP PLUS		

ATTACHMENT
PROSERVICE HAWAII
INSURANCE INFORMATION FOR SCHEDULE A (FORM 5500)
PLAN YEAR BEGINNING JANUARY 1, 2024 AND ENDING DECEMBER 31, 2024

ACCOUNT #R053 PROSERVICE HAWAII
Contract or Identification Number :

GROUP / Sub Group		GROUP NAME	CANCEL DATE
13915 1		PROSERVICE HAWAII TIER H020 HPH+	
13915 3		PROSERVICE HAWAII TIER H020 HPH+	
14260 1		PROSERVICE HAWAII TIER H030 HPH+	
14260 3		PROSERVICE HAWAII TIER H030 HPH+	
14263 1		PROSERVICE HAWAII TIER H040 HPH+	
14263 3		PROSERVICE HAWAII TIER H040 HPH+	
14264 1		PROSERVICE HAWAII TIER H060 HPH+	
14264 3		PROSERVICE HAWAII TIER H060 HPH+	
14265 1		PROSERVICE HAWAII TIER H080 HPH+	
14265 3		PROSERVICE HAWAII TIER H080 HPH+	
14266 1		PROSERVICE HAWAII TIER H100 HPH+	
14266 3		PROSERVICE HAWAII TIER H100 HPH+	
14267 1		PROSERVICE HAWAII TIER H120 HPH+	
14267 3		PROSERVICE HAWAII TIER H120 HPH+	
14268 1		PROSERVICE HAWAII TIER H140 HPH+	
14268 3		PROSERVICE HAWAII TIER H140 HPH+	
14270 1		PROSERVICE HAWAII TIER H160 HPH+	
14270 3		PROSERVICE HAWAII TIER H160 HPH+	
14271 1		PROSERVICE HAWAII TIER H030 HPH+ (COBRA)	
14271 3		PROSERVICE HAWAII TIER H030 HPH+ (COBRA)	
14272 1		PROSERVICE HAWAII TIER H040 HPH+ (COBRA)	
14272 3		PROSERVICE HAWAII TIER H040 HPH+ (COBRA)	
14274 1		PROSERVICE HAWAII TIER H060 HPH+ (COBRA)	
14274 3		PROSERVICE HAWAII TIER H060 HPH+ (COBRA)	
14275 1		PROSERVICE HAWAII TIER H080 HPH+ (COBRA)	
14275 3		PROSERVICE HAWAII TIER H080 HPH+ (COBRA)	
14276 1		PROSERVICE HAWAII TIER H100 HPH+ (COBRA)	
14276 3		PROSERVICE HAWAII TIER H100 HPH+ (COBRA)	
14277 1		PROSERVICE HAWAII TIER H120 HPH+ (COBRA)	
14277 3		PROSERVICE HAWAII TIER H120 HPH+ (COBRA)	
14279 1		PROSERVICE HAWAII TIER H140 HPH+ (COBRA)	
14279 3		PROSERVICE HAWAII TIER H140 HPH+ (COBRA)	
14281 1		PROSERVICE HAWAII TIER H160 HPH+ (COBRA)	
14281 3		PROSERVICE HAWAII TIER H160 HPH+ (COBRA)	
15436 1		PROSERVICE HAWAII TIER H020 HPH+ (COBRA)	
15436 3		PROSERVICE HAWAII TIER H020 HPH+ (COBRA)	
16814 1		PROSERVICE HAWAII TIER H050 HPH+	
16814 3		PROSERVICE HAWAII TIER H050 HPH+	
16816 1		PROSERVICE HAWAII TIER H070 HPH+	
16816 3		PROSERVICE HAWAII TIER H070 HPH+	
16817 1		PROSERVICE HAWAII TIER H090 HPH+	
16817 3		PROSERVICE HAWAII TIER H090 HPH+	

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
16821 1	PROSERVICE HAWAII TIER H050 HPH+ (COBRA)		
16821 3	PROSERVICE HAWAII TIER H050 HPH+ (COBRA)		
16822 1	PROSERVICE HAWAII TIER H070 HPH+ (COBRA)		
16822 3	PROSERVICE HAWAII TIER H070 HPH+ (COBRA)		
16824 1	PROSERVICE HAWAII TIER H090 HPH+ (COBRA)		
16824 3	PROSERVICE HAWAII TIER H090 HPH+ (COBRA)		
16832 1	PROSERVICE HAWAII TIER H110 HPH+		
16832 3	PROSERVICE HAWAII TIER H110 HPH+		
16835 1	PROSERVICE HAWAII TIER H110 HPH+ (COBRA)		
16835 3	PROSERVICE HAWAII TIER H110 HPH+ (COBRA)		
18144 1	PROSERVICE HAWAII TIER H020 PPP		
18144 3	PROSERVICE HAWAII TIER H020 PPP		
18146 1	PROSERVICE HAWAII TIER H020 PPP PLUS & COMPMED		
18146 3	PROSERVICE HAWAII TIER H020 PPP PLUS & COMPMED		
18147 1	PROSERVICE HAWAII TIER H030 PPP		
18147 3	PROSERVICE HAWAII TIER H030 PPP		
18148 1	PROSERVICE HAWAII TIER H030 PPP PLUS & COMPMED		
18148 3	PROSERVICE HAWAII TIER H030 PPP PLUS & COMPMED		
18149 1	PROSERVICE HAWAII TIER H040 PPP		
18149 3	PROSERVICE HAWAII TIER H040 PPP		
18151 1	PROSERVICE HAWAII TIER H040 PPP PLUS & COMPMED		
18151 3	PROSERVICE HAWAII TIER H040 PPP PLUS & COMPMED		
18154 1	PROSERVICE HAWAII TIER H050 PPP		
18154 3	PROSERVICE HAWAII TIER H050 PPP		
18156 1	PROSERVICE HAWAII TIER H050 PPP PLUS & COMPMED		
18156 3	PROSERVICE HAWAII TIER H050 PPP PLUS & COMPMED		
18157 1	PROSERVICE HAWAII TIER H060 PPP		
18157 3	PROSERVICE HAWAII TIER H060 PPP		
18158 1	PROSERVICE HAWAII TIER H060 PPP PLUS & COMPMED		
18158 3	PROSERVICE HAWAII TIER H060 PPP PLUS & COMPMED		
18161 1	PROSERVICE HAWAII TIER H070 PPP		
18161 3	PROSERVICE HAWAII TIER H070 PPP		
18162 1	PROSERVICE HAWAII TIER H070 PPP PLUS & COMPMED		
18162 3	PROSERVICE HAWAII TIER H070 PPP PLUS & COMPMED		
18163 1	PROSERVICE HAWAII TIER H080 PPP		
18163 3	PROSERVICE HAWAII TIER H080 PPP		
18164 1	PROSERVICE HAWAII TIER H080 PPP PLUS & COMPMED		
18164 3	PROSERVICE HAWAII TIER H080 PPP PLUS & COMPMED		
18168 1	PROSERVICE HAWAII TIER H090 PPP		
18168 3	PROSERVICE HAWAII TIER H090 PPP		
18171 1	PROSERVICE HAWAII TIER H090 PPP PLUS & COMPMED		
18171 3	PROSERVICE HAWAII TIER H090 PPP PLUS & COMPMED		
18172 1	PROSERVICE HAWAII TIER H100 PPP		
18172 3	PROSERVICE HAWAII TIER H100 PPP		
18173 1	PROSERVICE HAWAII TIER H100 PPP PLUS & COMPMED		
18173 3	PROSERVICE HAWAII TIER H100 PPP PLUS & COMPMED		
18175 1	PROSERVICE HAWAII TIER H110 PPP		
18175 3	PROSERVICE HAWAII TIER H110 PPP		
18176 1	PROSERVICE HAWAII TIER H110 PPP PLUS & COMPMED		
18176 3	PROSERVICE HAWAII TIER H110 PPP PLUS & COMPMED		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
18178 1	PROSERVICE HAWAII TIER H120 PPP		
18178 3	PROSERVICE HAWAII TIER H120 PPP		
18182 1	PROSERVICE HAWAII TIER H120 PPP PLUS & COMPMED		
18182 3	PROSERVICE HAWAII TIER H120 PPP PLUS & COMPMED		
18185 1	PROSERVICE HAWAII TIER H140 PPP		
18185 3	PROSERVICE HAWAII TIER H140 PPP		
18186 1	PROSERVICE HAWAII TIER H140 PPP PLUS & COMPMED		
18186 3	PROSERVICE HAWAII TIER H140 PPP PLUS & COMPMED		
18187 1	PROSERVICE HAWAII TIER H160 PPP		
18187 3	PROSERVICE HAWAII TIER H160 PPP		
18189 1	PROSERVICE HAWAII TIER H160 PPP PLUS & COMPMED		
18189 3	PROSERVICE HAWAII TIER H160 PPP PLUS & COMPMED		
18246 1	PROSERVICE HAWAII TIER H020 PPP (COBRA)		
18246 3	PROSERVICE HAWAII TIER H020 PPP		
18247 1	PROSERVICE HAWAII TIER H020 PPP PLUS & COMPMED (COBRA)		
18247 3	PROSERVICE HAWAII TIER H020 PPP PLUS & COMPMED		
18248 1	PROSERVICE HAWAII TIER H030 PPP (COBRA)		
18248 3	PROSERVICE HAWAII TIER H030 PPP		
18249 1	PROSERVICE HAWAII TIER H030 PPP PLUS & COMPMED (COBRA)		
18249 3	PROSERVICE HAWAII TIER H030 PPP PLUS & COMPMED		
18251 1	PROSERVICE HAWAII TIER H040 PPP (COBRA)		
18251 3	PROSERVICE HAWAII TIER H040 PPP		
18252 1	PROSERVICE HAWAII TIER H040 PPP PLUS & COMPMED (COBRA)		
18252 3	PROSERVICE HAWAII TIER H040 PPP PLUS & COMPMED		
18254 1	PROSERVICE HAWAII TIER H050 PPP (COBRA)		
18254 3	PROSERVICE HAWAII TIER H050 PPP		
18256 1	PROSERVICE HAWAII TIER H050 PPP PLUS & COMPMED (COBRA)		
18256 3	PROSERVICE HAWAII TIER H050 PPP PLUS & COMPMED		
18257 1	PROSERVICE HAWAII TIER H060 PPP (COBRA)		
18257 3	PROSERVICE HAWAII TIER H060 PPP		
18258 1	PROSERVICE HAWAII TIER H060 PPP PLUS & COMPMED (COBRA)		
18258 2	PROSERVICE HAWAII TIER H060 PPP PLUS & COMPMED COBRA 150		
18258 3	PROSERVICE HAWAII TIER H060 PPP PLUS & COMPMED		
18260 1	PROSERVICE HAWAII TIER H070 PPP (COBRA)		
18260 3	PROSERVICE HAWAII TIER H070 PPP		
18261 1	PROSERVICE HAWAII TIER H070 PPP PLUS & COMPMED (COBRA)		
18261 3	PROSERVICE HAWAII TIER H070 PPP PLUS & COMPMED		
18262 1	PROSERVICE HAWAII TIER H080 PPP (COBRA)		
18262 3	PROSERVICE HAWAII TIER H080 PPP		
18263 1	PROSERVICE HAWAII TIER H080 PPP PLUS & COMPMED (COBRA)		
18263 3	PROSERVICE HAWAII TIER H080 PPP PLUS & COMPMED		
18265 1	PROSERVICE HAWAII TIER H090 PPP (COBRA)		
18265 3	PROSERVICE HAWAII TIER H090 PPP		
18266 1	PROSERVICE HAWAII TIER H090 PPP PLUS & COMPMED (COBRA)		
18266 3	PROSERVICE HAWAII TIER H090 PPP PLUS & COMPMED		
18268 1	PROSERVICE HAWAII TIER H100 PPP (COBRA)		
18268 3	PROSERVICE HAWAII TIER H100 PPP		
18270 1	PROSERVICE HAWAII TIER H100 PPP PLUS & COMPMED (COBRA)		
18270 3	PROSERVICE HAWAII TIER H100 PPP PLUS & COMPMED		
18271 1	PROSERVICE HAWAII TIER H110 PPP (COBRA)		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
18271 3	PROSERVICE HAWAII TIER H110 PPP		
18273 1	PROSERVICE HAWAII TIER H110 PPP PLUS & COMPMED (COBRA)		
18273 3	PROSERVICE HAWAII TIER H110 PPP PLUS & COMPMED		
18276 1	PROSERVICE HAWAII TIER H120 PPP (COBRA)		
18276 2	PROSERVICE HAWAII TIER H120 PPP (COBRA)		
18276 3	PROSERVICE HAWAII TIER H120 PPP		
18277 1	PROSERVICE HAWAII TIER H120 PPP PLUS & COMPMED (COBRA)		
18277 3	PROSERVICE HAWAII TIER H120 PPP PLUS & COMPMED		
18278 1	PROSERVICE HAWAII TIER H140 PPP (COBRA)		
18278 3	PROSERVICE HAWAII TIER H140 PPP		
18279 1	PROSERVICE HAWAII TIER H140 PPP PLUS & COMPMED (COBRA)		
18279 3	PROSERVICE HAWAII TIER H140 PPP PLUS & COMPMED		
18280 1	PROSERVICE HAWAII TIER H160 PPP (COBRA)		
18280 3	PROSERVICE HAWAII TIER H160 PPP		
18282 1	PROSERVICE HAWAII TIER H160 PPP PLUS & COMPMED (COBRA)		
18282 3	PROSERVICE HAWAII TIER H160 PPP PLUS & COMPMED		
19879 1	PROSERVICE HAWAII TIER H010 PPP		
19879 3	PROSERVICE HAWAII TIER H010 PPP		
19881 1	PROSERVICE HAWAII TIER H130 PPP		
19881 3	PROSERVICE HAWAII TIER H130 PPP		
19884 1	PROSERVICE HAWAII TIER H150 PPP		
19884 3	PROSERVICE HAWAII TIER H150 PPP		
19886 1	PROSERVICE HAWAII TIER H170 PPP		
19886 3	PROSERVICE HAWAII TIER H170 PPP		
19888 1	PROSERVICE HAWAII TIER H180 PPP		
19888 3	PROSERVICE HAWAII TIER H180 PPP		
19889 1	PROSERVICE HAWAII TIER H190 PPP		
19889 3	PROSERVICE HAWAII TIER H190 PPP		
19890 1	PROSERVICE HAWAII TIER H010 PPP PLUS & COMPMED		
19890 3	PROSERVICE HAWAII TIER H010 PPP PLUS & COMPMED		
19891 1	PROSERVICE HAWAII TIER H130 PPP PLUS & COMPMED		
19891 3	PROSERVICE HAWAII TIER H130 PPP PLUS & COMPMED		
19892 1	PROSERVICE HAWAII TIER H150 PPP PLUS & COMPMED		
19892 3	PROSERVICE HAWAII TIER H150 PPP PLUS & COMPMED		
19893 1	PROSERVICE HAWAII TIER H170 PPP PLUS & COMPMED		
19893 3	PROSERVICE HAWAII TIER H170 PPP PLUS & COMPMED		
19894 1	PROSERVICE HAWAII TIER H180 PPP PLUS & COMPMED		
19894 3	PROSERVICE HAWAII TIER H180 PPP PLUS & COMPMED		
19895 1	PROSERVICE HAWAII TIER H190 PPP PLUS & COMPMED		
19895 3	PROSERVICE HAWAII TIER H190 PPP PLUS & COMPMED		
19897 1	PROSERVICE HAWAII TIER H010 HPH+		
19897 3	PROSERVICE HAWAII TIER H010 HPH+		
19898 1	PROSERVICE HAWAII TIER H130 HPH+		
19898 3	PROSERVICE HAWAII TIER H130 HPH+		
19899 1	PROSERVICE HAWAII TIER H150 HPH+		
19899 3	PROSERVICE HAWAII TIER H150 HPH+		
19900 1	PROSERVICE HAWAII TIER H170 HPH+		
19900 3	PROSERVICE HAWAII TIER H170 HPH+		
19901 1	PROSERVICE HAWAII TIER H180 HPH+		
19901 3	PROSERVICE HAWAII TIER H180 HPH+		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
19902 1	PROSERVICE HAWAII TIER H190 HPH+		
19902 3	PROSERVICE HAWAII TIER H190 HPH+		
19903 1	PROSERVICE HAWAII TIER H010 PPP (COBRA)		
19903 3	PROSERVICE HAWAII TIER H010 PPP		
19905 1	PROSERVICE HAWAII TIER H130 PPP (COBRA)		
19905 3	PROSERVICE HAWAII TIER H130 PPP		
19906 1	PROSERVICE HAWAII TIER H150 PPP (COBRA)		
19906 3	PROSERVICE HAWAII TIER H150 PPP		
19909 1	PROSERVICE HAWAII TIER H170 PPP (COBRA)		
19909 3	PROSERVICE HAWAII TIER H170 PPP		
19910 1	PROSERVICE HAWAII TIER H180 PPP (COBRA)		
19910 3	PROSERVICE HAWAII TIER H180 PPP		
19911 1	PROSERVICE HAWAII TIER H190 PPP (COBRA)		
19911 3	PROSERVICE HAWAII TIER H190 PPP		
19915 1	PROSERVICE HAWAII TIER H010 PPP PLUS & COMPMED (COBRA)		
19915 3	PROSERVICE HAWAII TIER H010 PPP PLUS & COMPMED		
19916 1	PROSERVICE HAWAII TIER H130 PPP PLUS & COMPMED (COBRA)		
19916 3	PROSERVICE HAWAII TIER H130 PPP PLUS & COMPMED		
19918 1	PROSERVICE HAWAII TIER H150 PPP PLUS & COMPMED (COBRA)		
19918 3	PROSERVICE HAWAII TIER H150 PPP PLUS & COMPMED		
19919 1	PROSERVICE HAWAII TIER H170 PPP PLUS & COMPMED (COBRA)		
19919 3	PROSERVICE HAWAII TIER H170 PPP PLUS & COMPMED		
19921 1	PROSERVICE HAWAII TIER H180 PPP PLUS & COMPMED (COBRA)		
19921 3	PROSERVICE HAWAII TIER H180 PPP PLUS & COMPMED		
19924 1	PROSERVICE HAWAII TIER H190 PPP PLUS & COMPMED (COBRA)		
19924 3	PROSERVICE HAWAII TIER H190 PPP PLUS & COMPMED		
19926 1	PROSERVICE HAWAII TIER H010 HPH+ (COBRA)		
19926 3	PROSERVICE HAWAII TIER H010 HPH+ (COBRA)		
19927 1	PROSERVICE HAWAII TIER H130 HPH+ (COBRA)		
19927 3	PROSERVICE HAWAII TIER H130 HPH+ (COBRA)		
19928 1	PROSERVICE HAWAII TIER H150 HPH+ (COBRA)		
19928 3	PROSERVICE HAWAII TIER H150 HPH+ (COBRA)		
19929 1	PROSERVICE HAWAII TIER H170 HPH+ (COBRA)		
19929 3	PROSERVICE HAWAII TIER H170 HPH+ (COBRA)		
19930 1	PROSERVICE HAWAII TIER H180 HPH+ (COBRA)		
19930 3	PROSERVICE HAWAII TIER H180 HPH+ (COBRA)		
19931 1	PROSERVICE HAWAII TIER H190 HPH+ (COBRA)		
19931 3	PROSERVICE HAWAII TIER H190 HPH+ (COBRA)		
21537 1	PROSERVICE HAWAII TIER H012 HPH+		
21537 3	PROSERVICE HAWAII TIER H012 HPH+		
21539 1	PROSERVICE HAWAII TIER H015 HPH+		
21539 3	PROSERVICE HAWAII TIER H015 HPH+		
21540 1	PROSERVICE HAWAII TIER H018 HPH+		
21540 3	PROSERVICE HAWAII TIER H018 HPH+		
21541 1	PROSERVICE HAWAII TIER H012 HPH+ (COBRA)		
21541 3	PROSERVICE HAWAII TIER H012 HPH+ (COBRA)		
21544 1	PROSERVICE HAWAII TIER H015 HPH+ (COBRA)		
21544 3	PROSERVICE HAWAII TIER H015 HPH+ (COBRA)		
21549 1	PROSERVICE HAWAII TIER H018 HPH+ (COBRA)		
21549 3	PROSERVICE HAWAII TIER H018 HPH+ (COBRA)		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
21551 1	PROSERVICE HAWAII TIER H012 PPP		
21551 3	PROSERVICE HAWAII TIER H012 PPP		
21552 1	PROSERVICE HAWAII TIER H015 PPP		
21552 3	PROSERVICE HAWAII TIER H015 PPP		
21555 1	PROSERVICE HAWAII TIER H018 PPP		
21555 3	PROSERVICE HAWAII TIER H018 PPP		
21556 1	PROSERVICE HAWAII TIER H012 PPP		
21556 3	PROSERVICE HAWAII TIER H012 PPP		
21557 1	PROSERVICE HAWAII TIER H015 PPP		
21557 3	PROSERVICE HAWAII TIER H015 PPP		
21558 1	PROSERVICE HAWAII TIER H018 PPP		
21558 3	PROSERVICE HAWAII TIER H018 PPP		
21559 1	PROSERVICE HAWAII TIER H012 PPP PLUS & COMPMED		
21559 3	PROSERVICE HAWAII TIER H012 PPP PLUS & COMPMED		
21560 1	PROSERVICE HAWAII TIER H015 PPP PLUS & COMPMED		
21560 3	PROSERVICE HAWAII TIER H015 PPP PLUS & COMPMED		
21562 1	PROSERVICE HAWAII TIER H018 PPP PLUS & COMPMED		
21562 3	PROSERVICE HAWAII TIER H018 PPP PLUS & COMPMED		
21563 1	PROSERVICE HAWAII TIER H12 PPP PLUS & COMPMED		
21563 3	PROSERVICE HAWAII TIER H12 PPP PLUS & COMPMED		
21565 1	PROSERVICE HAWAII TIER H15 PPP PLUS & COMPMED		
21565 3	PROSERVICE HAWAII TIER H15 PPP PLUS & COMPMED		
21566 1	PROSERVICE HAWAII TIER H18 PPP PLUS & COMPMED		
21566 3	PROSERVICE HAWAII TIER H18 PPP PLUS & COMPMED		
23617 1	PROSERVICE HAWAII H011 HPH + V15		
23617 3	PROSERVICE HAWAII H011 HPH +		
23618 1	PROSERVICE HAWAII H014 HPH + V15		
23618 3	PROSERVICE HAWAII H014 HPH +		
23619 1	PROSERVICE HAWAII H017 HPH + V15		
23619 3	PROSERVICE HAWAII H017 HPH +		
23620 1	PROSERVICE HAWAII H023 HPH + V15		
23620 3	PROSERVICE HAWAII H023 HPH +		
23621 1	PROSERVICE HAWAII H025 HPH + V15		
23621 3	PROSERVICE HAWAII H025 HPH +		
23623 1	PROSERVICE HAWAII H035 HPH + V15		
23623 3	PROSERVICE HAWAII H035 HPH +		
23624 1	PROSERVICE HAWAII H045 HPH + V15		
23624 3	PROSERVICE HAWAII H045 HPH +		
23625 1	PROSERVICE HAWAII H065 HPH + V15		
23625 3	PROSERVICE HAWAII H065 HPH +		
23626 1	PROSERVICE HAWAII H075 HPH + V15		
23626 3	PROSERVICE HAWAII H075 HPH +		
23627 1	PROSERVICE HAWAII H085 HPH + V15		
23627 3	PROSERVICE HAWAII H085 HPH +		
23628 1	PROSERVICE HAWAII H095 HPH + V15		
23628 3	PROSERVICE HAWAII H095 HPH +		
23629 1	PROSERVICE HAWAII H105 HPH + V15		
23629 3	PROSERVICE HAWAII H105 HPH +		
23630 1	PROSERVICE HAWAII H115 HPH + V15		
23630 3	PROSERVICE HAWAII H115 HPH +		

GROUP /			
Sub Group		GROUP NAME	CANCEL DATE
23631	1	PROSERVICE HAWAII H125 HPH + V15	
23631	3	PROSERVICE HAWAII H125 HPH +	
23632	1	PROSERVICE HAWAII H135 HPH + V15	
23632	3	PROSERVICE HAWAII H135 HPH +	
23633	1	PROSERVICE HAWAII H145 HPH + V15	
23633	3	PROSERVICE HAWAII H145 HPH +	
23634	1	PROSERVICE HAWAII H155 HPH + V15	
23634	3	PROSERVICE HAWAII H155 HPH +	
23637	1	PROSERVICE HAWAII H162 HPH + V15	
23637	3	PROSERVICE HAWAII H162 HPH +	
23638	1	PROSERVICE HAWAII H164 HPH + V15	
23638	3	PROSERVICE HAWAII H164 HPH +	
23639	1	PROSERVICE HAWAII H166 HPH + V15	
23639	3	PROSERVICE HAWAII H166 HPH +	
23641	1	PROSERVICE HAWAII H168 HPH + V15	
23641	3	PROSERVICE HAWAII H168 HPH +	
23643	1	PROSERVICE HAWAII H185 HPH + V15	
23643	3	PROSERVICE HAWAII H185 HPH +	
23644	1	PROSERVICE HAWAII H011 PPP V15	
23644	3	PROSERVICE HAWAII H011 PPP	
23663	1	PROSERVICE HAWAII H014 PPP V15	
23663	3	PROSERVICE HAWAII H014 PPP	
23665	1	PROSERVICE HAWAII H017 PPP V15	
23665	3	PROSERVICE HAWAII H017 PPP	
23669	1	PROSERVICE HAWAII H023 PPP V15	
23669	3	PROSERVICE HAWAII H023 PPP	
23673	1	PROSERVICE HAWAII H025 PPP V15	
23673	3	PROSERVICE HAWAII H025 PPP	
23674	1	PROSERVICE HAWAII H035 PPP V15	
23674	3	PROSERVICE HAWAII H035 PPP	
23676	1	PROSERVICE HAWAII H045 PPP V15	
23676	3	PROSERVICE HAWAII H045 PPP	
23677	1	PROSERVICE HAWAII H065 PPP V15	
23677	3	PROSERVICE HAWAII H065 PPP	
23679	1	PROSERVICE HAWAII H075 PPP V15	
23679	3	PROSERVICE HAWAII H075 PPP	
23684	1	PROSERVICE HAWAII H085 PPP V15	
23684	3	PROSERVICE HAWAII H085 PPP	
23686	1	PROSERVICE HAWAII H095 PPP V15	
23686	3	PROSERVICE HAWAII H095 PPP	
23690	1	PROSERVICE HAWAII H105 PPP V15	
23690	3	PROSERVICE HAWAII H105 PPP	
23694	1	PROSERVICE HAWAII H115 PPP V15	
23694	3	PROSERVICE HAWAII H115 PPP	
23695	1	PROSERVICE HAWAII H125 PPP V15	
23695	3	PROSERVICE HAWAII H125 PPP	
23696	1	PROSERVICE HAWAII H135 PPP V15	
23696	3	PROSERVICE HAWAII H135 PPP	
23698	1	PROSERVICE HAWAII H145 PPP V15	
23698	3	PROSERVICE HAWAII H145 PPP	

GROUP /		GROUP NAME	CANCEL DATE
Sub Group			
23700	1	PROSERVICE HAWAII H155 PPP V15	
23700	3	PROSERVICE HAWAII H155 PPP	
23702	1	PROSERVICE HAWAII H162 PPP V15	
23702	3	PROSERVICE HAWAII H162 PPP	
23706	1	PROSERVICE HAWAII H164 PPP V15	
23706	3	PROSERVICE HAWAII H164 PPP	
23707	1	PROSERVICE HAWAII H166 PPP V15	
23707	3	PROSERVICE HAWAII H166 PPP	
23711	1	PROSERVICE HAWAII H168 PPP V15	
23711	3	PROSERVICE HAWAII H168 PPP	
23712	1	PROSERVICE HAWAII H185 PPP V15	
23712	3	PROSERVICE HAWAII H185 PPP	
23723	1	PROSERVICE HAWAII H011 PPP PLUS & CMP & V15	
23723	3	PROSERVICE HAWAII H011 PPP PLUS & CMP	
23724	1	PROSERVICE HAWAII H014 PPP PLUS & CMP & V15	
23724	3	PROSERVICE HAWAII H014 PPP PLUS & CMP	
23726	1	PROSERVICE HAWAII H017 PPP PLUS & CMP & V15	
23726	3	PROSERVICE HAWAII H017 PPP PLUS & CMP	
23730	1	PROSERVICE HAWAII H023 PPP PLUS & CMP & V15	
23730	3	PROSERVICE HAWAII H023 PPP PLUS & CMP	
23731	1	PROSERVICE HAWAII H025 PPP PLUS & CMP & V15	
23731	3	PROSERVICE HAWAII H025 PPP PLUS & CMP	
23732	1	PROSERVICE HAWAII H035 PPP PLUS & CMP & V15	
23732	3	PROSERVICE HAWAII H035 PPP PLUS & CMP	
23733	1	PROSERVICE HAWAII H045 PPP PLUS & CMP & V15	
23733	3	PROSERVICE HAWAII H045 PPP PLUS & CMP	
23739	1	PROSERVICE HAWAII H065 PPP PLUS & CMP & V15	
23739	3	PROSERVICE HAWAII H065 PPP PLUS & CMP	
23740	1	PROSERVICE HAWAII H075 PPP PLUS & CMP & V15	
23740	3	PROSERVICE HAWAII H075 PPP PLUS & CMP	
23743	1	PROSERVICE HAWAII H085 PPP PLUS & CMP & V15	
23743	3	PROSERVICE HAWAII H085 PPP PLUS & CMP	
23744	1	PROSERVICE HAWAII H095 PPP PLUS & CMP & V15	
23744	3	PROSERVICE HAWAII H095 PPP PLUS & CMP	
23747	1	PROSERVICE HAWAII H105 PPP PLUS & CMP & V15	
23747	3	PROSERVICE HAWAII H105 PPP PLUS & CMP	
23748	1	PROSERVICE HAWAII H115 PPP PLUS & CMP & V15	
23748	3	PROSERVICE HAWAII H115 PPP PLUS & CMP	
23751	1	PROSERVICE HAWAII H125 PPP PLUS & CMP & V15	
23751	3	PROSERVICE HAWAII H125 PPP PLUS & CMP	
23753	1	PROSERVICE HAWAII H135 PPP PLUS & CMP & V15	
23753	3	PROSERVICE HAWAII H135 PPP PLUS & CMP	
23754	1	PROSERVICE HAWAII H145 PPP PLUS & CMP & V15	
23754	3	PROSERVICE HAWAII H145 PPP PLUS & CMP	
23756	1	PROSERVICE HAWAII H155 PPP PLUS & CMP & V15	
23756	3	PROSERVICE HAWAII H155 PPP PLUS & CMP	
23757	1	PROSERVICE HAWAII H162 PPP PLUS & CMP & V15	
23757	3	PROSERVICE HAWAII H162 PPP PLUS & CMP	
23758	1	PROSERVICE HAWAII H164 PPP PLUS & CMP & V15	
23758	3	PROSERVICE HAWAII H164 PPP PLUS & CMP	

GROUP /			
Sub Group		GROUP NAME	CANCEL DATE
23761	1	PROSERVICE HAWAII H166 PPP PLUS & CMP & V15	
23761	3	PROSERVICE HAWAII H166 PPP PLUS & CMP	
23763	1	PROSERVICE HAWAII H168 PPP PLUS & CMP & V15	
23763	3	PROSERVICE HAWAII H168 PPP PLUS & CMP	
23765	1	PROSERVICE HAWAII H185 PPP PLUS & CMP & V15	
23765	3	PROSERVICE HAWAII H185 PPP PLUS & CMP	
23785	1	PROSERVICE HAWAII H011 HPH + V15	
23785	3	PROSERVICE HAWAII H011 HPH +	
23788	1	PROSERVICE HAWAII H014 HPH + V15	
23788	3	PROSERVICE HAWAII H014 HPH +	
23789	1	PROSERVICE HAWAII H017 HPH + V15	
23789	3	PROSERVICE HAWAII H017 HPH +	
23790	1	PROSERVICE HAWAII H023 HPH + V15	
23790	3	PROSERVICE HAWAII H023 HPH +	
23792	1	PROSERVICE HAWAII H025 HPH + V15	
23792	3	PROSERVICE HAWAII H025 HPH +	
23793	1	PROSERVICE HAWAII H035 HPH + V15	
23793	3	PROSERVICE HAWAII H035 HPH +	
23799	1	PROSERVICE HAWAII H045 HPH + V15	
23799	3	PROSERVICE HAWAII H045 HPH +	
23800	1	PROSERVICE HAWAII H065 HPH + V15	
23800	3	PROSERVICE HAWAII H065 HPH +	
23801	1	PROSERVICE HAWAII H075 HPH + V15	
23801	3	PROSERVICE HAWAII H075 HPH +	
23802	1	PROSERVICE HAWAII H085 HPH + V15	
23802	3	PROSERVICE HAWAII H085 HPH +	
23805	1	PROSERVICE HAWAII H095 HPH + V15	
23805	3	PROSERVICE HAWAII H095 HPH +	
23808	1	PROSERVICE HAWAII H105 HPH + V15	
23808	3	PROSERVICE HAWAII H105 HPH +	
23810	1	PROSERVICE HAWAII H115 HPH + V15	
23810	3	PROSERVICE HAWAII H115 HPH +	
23814	1	PROSERVICE HAWAII H125 HPH + V15	
23814	3	PROSERVICE HAWAII H125 HPH +	
23815	1	PROSERVICE HAWAII H135 HPH + V15	
23815	3	PROSERVICE HAWAII H135 HPH +	
23821	1	PROSERVICE HAWAII H145 HPH + V15	
23821	3	PROSERVICE HAWAII H145 HPH +	
23822	1	PROSERVICE HAWAII H155 HPH + V15	
23822	3	PROSERVICE HAWAII H155 HPH +	
23823	1	PROSERVICE HAWAII H162 HPH + V15	
23823	3	PROSERVICE HAWAII H162 HPH +	
23824	1	PROSERVICE HAWAII H164 HPH + V15	
23824	3	PROSERVICE HAWAII H164 HPH +	
23825	1	PROSERVICE HAWAII H166 HPH + V15	
23825	3	PROSERVICE HAWAII H166 HPH +	
23826	1	PROSERVICE HAWAII H168 HPH + V15	
23826	3	PROSERVICE HAWAII H168 HPH +	
23828	1	PROSERVICE HAWAII H185 HPH + V15	
23828	3	PROSERVICE HAWAII H185 HPH +	

GROUP /		GROUP NAME	CANCEL DATE
Sub Group			
23830	1	PROSERVICE HAWAII H011 PPP V15	
23830	3	PROSERVICE HAWAII H011 PPP	
23831	1	PROSERVICE HAWAII H014 PPP V15	
23831	3	PROSERVICE HAWAII H014 PPP	
23833	1	PROSERVICE HAWAII H017 PPP V15	
23833	3	PROSERVICE HAWAII H017 PPP	
23834	1	PROSERVICE HAWAII H023 PPP V15	
23834	3	PROSERVICE HAWAII H023 PPP	
23841	1	PROSERVICE HAWAII H025 PPP V15	
23841	3	PROSERVICE HAWAII H025 PPP	
23844	1	PROSERVICE HAWAII H035 PPP V15	
23844	3	PROSERVICE HAWAII H035 PPP	
23845	1	PROSERVICE HAWAII H045 PPP V15	
23845	3	PROSERVICE HAWAII H045 PPP	
23847	1	PROSERVICE HAWAII H065 PPP V15	
23847	3	PROSERVICE HAWAII H065 PPP	
23849	1	PROSERVICE HAWAII H075 PPP V15	
23849	3	PROSERVICE HAWAII H075 PPP	
23850	1	PROSERVICE HAWAII H085 PPP V15	
23850	3	PROSERVICE HAWAII H085 PPP	
23852	1	PROSERVICE HAWAII H095 PPP V15	
23852	3	PROSERVICE HAWAII H095 PPP	
23854	1	PROSERVICE HAWAII H105 PPP V15	
23854	3	PROSERVICE HAWAII H105 PPP	
23856	1	PROSERVICE HAWAII H115 PPP V15	
23856	3	PROSERVICE HAWAII H115 PPP	
23857	1	PROSERVICE HAWAII H125 PPP V15	
23857	3	PROSERVICE HAWAII H125 PPP	
23859	1	PROSERVICE HAWAII H135 PPP V15	
23859	3	PROSERVICE HAWAII H135 PPP	
23861	1	PROSERVICE HAWAII H145 PPP V15	
23861	3	PROSERVICE HAWAII H145 PPP	
23862	1	PROSERVICE HAWAII H155 PPP V15	
23862	3	PROSERVICE HAWAII H155 PPP	
23863	1	PROSERVICE HAWAII H162 PPP V15	
23863	3	PROSERVICE HAWAII H162 PPP	
23864	1	PROSERVICE HAWAII H164 PPP V15	
23864	3	PROSERVICE HAWAII H164 PPP	
23865	1	PROSERVICE HAWAII H166 PPP V15	
23865	3	PROSERVICE HAWAII H166 PPP	
23867	1	PROSERVICE HAWAII H168 PPP V15	
23867	3	PROSERVICE HAWAII H168 PPP	
23868	1	PROSERVICE HAWAII H185 PPP V15	
23868	3	PROSERVICE HAWAII H185 PPP	
23869	1	PROSERVICE HAWAII H011 PPP+ & CMP & V15 COBRA	
23869	3	PROSERVICE HAWAII H011 PPP PLUS & CMP COBRA	
23870	1	PROSERVICE HAWAII H014 PPP+ & CMP & V15 COBRA A	
23870	3	PROSERVICE HAWAII H014 PPP PLUS & CMP COBRA	
23872	1	PROSERVICE HAWAII H017 PPP+ & CMP & V15 COBRA	
23872	3	PROSERVICE HAWAII H017 PPP PLUS & CMP COBRA	

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
23873 1	PROSERVICE HAWAII H023 PPP+ & CMP & V15 COBRA		
23873 3	PROSERVICE HAWAII H023 PPP PLUS & CMP COBRA		
23879 1	PROSERVICE HAWAII H025 PPP+ & CMP & V15 COBRA		
23879 3	PROSERVICE HAWAII H025 PPP PLUS & CMP COBRA		
23885 1	PROSERVICE HAWAII H035 PPP+ & CMP & V15 COBRA		
23885 3	PROSERVICE HAWAII H035 PPP PLUS & CMP COBRA		
23886 1	PROSERVICE HAWAII H045 PPP+ & CMP & V15 COBRA		
23886 3	PROSERVICE HAWAII H045 PPP PLUS & CMP COBRA		
23890 1	PROSERVICE HAWAII H065 PPP+ & CMP & V15 COBRA		
23890 3	PROSERVICE HAWAII H065 PPP PLUS & CMP COBRA		
23891 1	PROSERVICE HAWAII H075 PPP+ & CMP & V15 COBRA		
23891 3	PROSERVICE HAWAII H075 PPP PLUS & CMP COBRA		
23897 1	PROSERVICE HAWAII H085 PPP+ & CMP & V15 COBRA		
23897 3	PROSERVICE HAWAII H085 PPP PLUS & CMP COBRA		
23899 1	PROSERVICE HAWAII H095 PPP+ & CMP & V15 COBRA		
23899 3	PROSERVICE HAWAII H095 PPP PLUS & CMP COBRA		
23900 1	PROSERVICE HAWAII H105 PPP+ & CMP & V15 COBRA		
23900 3	PROSERVICE HAWAII H105 PPP PLUS & CMP COBRA		
23905 1	PROSERVICE HAWAII H115 PPP+ & CMP & V15 COBRA		
23905 3	PROSERVICE HAWAII H115 PPP PLUS & CMP COBRA		
23906 1	PROSERVICE HAWAII H125 PPP+ & CMP & V15 COBRA		
23906 3	PROSERVICE HAWAII H125 PPP PLUS & CMP COBRA		
23907 1	PROSERVICE HAWAII H135 PPP+ & CMP & V15 COBRA		
23907 3	PROSERVICE HAWAII H135 PPP PLUS & CMP COBRA		
23908 1	PROSERVICE HAWAII H145 PPP+ & CMP & V15 COBRA		
23908 3	PROSERVICE HAWAII H145 PPP PLUS & CMP COBRA		
23911 1	PROSERVICE HAWAII H155 PPP+ & CMP & V15 COBRA		
23911 3	PROSERVICE HAWAII H155 PPP PLUS & CMP COBRA		
23912 1	PROSERVICE HAWAII H162 PPP+ & CMP & V15 COBRA		
23912 3	PROSERVICE HAWAII H162 PPP PLUS & CMP COBRA		
23914 1	PROSERVICE HAWAII H164 PPP+ & CMP & V15 COBRA		
23914 3	PROSERVICE HAWAII H164 PPP PLUS & CMP COBRA		
23915 1	PROSERVICE HAWAII H166 PPP+ & CMP & V15 COBRA		
23915 3	PROSERVICE HAWAII H166 PPP PLUS & CMP COBRA		
23916 1	PROSERVICE HAWAII H168 PPP+ & CMP & V15 COBRA		
23916 3	PROSERVICE HAWAII H168 PPP PLUS & CMP COBRA		
23918 1	PROSERVICE HAWAII H185 PPP+ & CMP & V15 COBRA		
23918 3	PROSERVICE HAWAII H185 PPP PLUS & CMP COBRA		
30631 1	PROSERVICE HAWAII H009 HPH+ V15		
30631 3	PROSERVICE HAWAII H009 HPH+		
30633 1	PROSERVICE HAWAII H009 PPP & V15		
30633 3	PROSERVICE HAWAII H009 PPP		
30634 1	PROSERVICE HAWAII H009 PPP PLUS & CMP & V15		
30634 3	PROSERVICE HAWAII H009 PPP PLUS & CMP		
30636 1	PROSERVICE HAWAII H009 HPH+ V15 COBRA		
30636 3	PROSERVICE HAWAII H009 HPH+ COBRA		
30637 1	PROSERVICE HAWAII H009 PPP & V15 COBRA		
30637 3	PROSERVICE HAWAII H009 PPP COBRA		
30638 1	PROSERVICE HAWAII H009 PPP PLUS & CMP & V15 (COBRA)		
30638 3	PROSERVICE HAWAII H009 PPP PLUS & CMP (COBRA)		

GROUP /			
Sub Group	GROUP NAME		CANCEL DATE
115128 1	PROSERVICE HAWAII H008 HPH+ V15		
115129 3	PROSERVICE HAWAII H008 HPH+		
115130 1	PROSERVICE HAWAII H008 PPP & V15		
115131 3	PROSERVICE HAWAII H008 PPP		
115132 1	PROSERVICE HAWAII H008 PPP PLUS & CMP & V15		
115133 3	PROSERVICE HAWAII H008 PPP PLUS & CMP		
115134 1	PROSERVICE HAWAII H008 HPH+ V15 COBRA		
115135 3	PROSERVICE HAWAII H008 HPH+ COBRA		
115136 1	PROSERVICE HAWAII H008 PPP & V15 COBRA		
115137 3	PROSERVICE HAWAII H008 PPP COBRA		
115138 1	PROSERVICE HAWAII H008 PPP PLUS & CMP & V15 COBRA		
115139 3	PROSERVICE HAWAII H008 PPP PLUS & CMP COBRA		
115140 1	PROSERVICE HAWAII H007 HPH+ V15		
115141 3	PROSERVICE HAWAII H007 HPH+		
115142 1	PROSERVICE HAWAII H007 PPP & V15		
115143 3	PROSERVICE HAWAII H007 PPP		
115144 1	PROSERVICE HAWAII H007 PPP PLUS & CMP & V15		
115145 3	PROSERVICE HAWAII H007 PPP PLUS & CMP		
115153 1	PROSERVICE HAWAII H007 HPH+ V15 COBRA		
115154 3	PROSERVICE HAWAII H007 HPH+ COBRA		
115155 1	PROSERVICE HAWAII H007 PPP & V15 COBRA		
115156 3	PROSERVICE HAWAII H007 PPP COBRA		
115157 1	PROSERVICE HAWAII H007 PPP PLUS & CMP & V15 COBRA		
115158 3	PROSERVICE HAWAII H007 PPP PLUS & CMP COBRA		
115159 1	PROSERVICE HAWAII H006 HPH+ V15		
115160 3	PROSERVICE HAWAII H006 HPH+		
115161 1	PROSERVICE HAWAII H006 PPP & V15		
115162 3	PROSERVICE HAWAII H006 PPP		
115163 1	PROSERVICE HAWAII H006 PPP PLUS & CMP & V15		
115164 3	PROSERVICE HAWAII H006 PPP PLUS & CMP		
115165 1	PROSERVICE HAWAII H006 HPH+ V15 COBRA		
115166 3	PROSERVICE HAWAII H006 HPH+ COBRA		
115167 1	PROSERVICE HAWAII H006 PPP & V15 COBRA		
115168 3	PROSERVICE HAWAII H006 PPP COBRA		
115169 1	PROSERVICE HAWAII H006 PPP PLUS & CMP & V15 COBRA		
115170 3	PROSERVICE HAWAII H006 PPP PLUS & CMP COBRA		
115171 1	PROSERVICE HAWAII H005 HPH+ V15		
115172 3	PROSERVICE HAWAII H005 HPH+		
115173 1	PROSERVICE HAWAII H005 PPP & V15		
115174 3	PROSERVICE HAWAII H005 PPP		
115175 1	PROSERVICE HAWAII H005 PPP PLUS & CMP & V15		
115176 3	PROSERVICE HAWAII H005 PPP PLUS & CMP		
115177 1	PROSERVICE HAWAII H005 HPH+ V15 COBRA		
115178 3	PROSERVICE HAWAII H005 HPH+ COBRA		
115179 1	PROSERVICE HAWAII H005 PPP & V15 COBRA		
115180 3	PROSERVICE HAWAII H005 PPP COBRA		
115182 1	PROSERVICE HAWAII H005 PPP PLUS & CMP & V15 COBRA		
115183 3	PROSERVICE HAWAII H005 PPP PLUS & CMP COBRA		

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115

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115

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115

115

11. *How much time do you spend on the following activities?*

1. *Introduction*

2. *Background*

3. *Methodology*

4. *Results*

5. *Discussion*

6. *Conclusion*

7. *Acknowledgments*

8. *References*

9. *Appendix*

10. *Index*

11. *Glossary*

12. *Notes*

13. *References*

14. *Appendix*

15. *Index*

16. *Glossary*

17. *Notes*

18. *References*

19. *Appendix*

20. *Index*

21. *Glossary*

22. *Notes*

23. *References*

24. *Appendix*

25. *Index*

26. *Glossary*

27. *Notes*

28. *References*

29. *Appendix*

30. *Index*

31. *Glossary*

32. *Notes*

33. *References*

34. *Appendix*

35. *Index*

36. *Glossary*

37. *Notes*

38. *References*

39. *Appendix*

40. *Index*

41. *Glossary*

42. *Notes*

43. *References*

44. *Appendix*

45. *Index*

46. *Glossary*

47. *Notes*

48. *References*

49. *Appendix*

50. *Index*

51. *Glossary*

52. *Notes*

53. *References*

54. *Appendix*

55. *Index*

56. *Glossary*

57. *Notes*

58. *References*

59. *Appendix*

60. *Index*

61. *Glossary*

62. *Notes*

63. *References*

64. *Appendix*

65. *Index*

66. *Glossary*

67. *Notes*

68. *References*

69. *Appendix*

70. *Index*

71. *Glossary*

72. *Notes*

73. *References*

74. *Appendix*

75. *Index*

76. *Glossary*

77. *Notes*

78. *References*

79. *Appendix*

80. *Index*

81. *Glossary*

82. *Notes*

83. *References*

84. *Appendix*

85. *Index*

86. *Glossary*

87. *Notes*

88. *References*

89. *Appendix*

90. *Index*

91. *Glossary*

92. *Notes*

93. *References*

94. *Appendix*

95. *Index*

96. *Glossary*

97. *Notes*

98. *References*

99. *Appendix*

100. *Index*

101. *Glossary*

102. *Notes*

103. *References*

104. *Appendix*

105. *Index*

106. *Glossary*

107. *Notes*

108. *References*

109. *Appendix*

110. *Index*

111. *Glossary*

112. *Notes*

113. *References*

114. *Appendix*

115. *Index*

116. *Glossary*

117. *Notes*

118. *References*

119. *Appendix*

120. *Index*

121. *Glossary*

122. *Notes*

123. *References*

124. *Appendix*

125. *Index*

126. *Glossary*

127. *Notes*

128. *References*

129. *Appendix*

130. *Index*

131. *Glossary*

132. *Notes*

133. *References*

134. *Appendix*

135. *Index*

136. *Glossary*

137. *Notes*

138. *References*

139. *Appendix*

140. *Index*

141. *Glossary*

142. *Notes*

143. *References*

144. *Appendix*

145. *Index*

146. *Glossary*

147. *Notes*

148. *References*

149. *Appendix*

150. *Index*

151. *Glossary*

152. *Notes*

153. *References*

154. *Appendix*

155. *Index*

156. *Glossary*

157. *Notes*

158. *References*

159. *Appendix*

160. *Index*

161. *Glossary*

162. *Notes*

163. *References*

164. *Appendix*

165. *Index*

166. *Glossary*

167. *Notes*

168. *References*

169. *Appendix*

170. *Index*

171. *Glossary*

172. *Notes*

173. *References*

174. *Appendix*

175. *Index*

176. *Glossary*

177. *Notes*

178. *References*

179. *Appendix*

180. *Index*

181. *Glossary*

182. *Notes*

183. *References*

184. *Appendix*

185. *Index*

186. *Glossary*

187. *Notes*

188. *References*

189. *Appendix*

190. *Index*

191. *Glossary*

192. *Notes*

193. *References*

194. *Appendix*

195. *Index*

196. *Glossary*

197. *Notes*

198. *References*

199. *Appendix*

200. *Index*

201. *Glossary*

202. *Notes*

203. *References*

204. *Appendix*

205. *Index*

206. *Glossary*

207. *Notes*

208. *References*

209. *Appendix*

210. *Index*

211. *Glossary*

212. *Notes*

213. *References*

214. *Appendix*

215. *Index*

216. *Glossary*

217. *Notes*

218. *References*

219. *Appendix*

220. *Index*

221. *Glossary*

222. *Notes*

223. *References*

224. *Appendix*

225. *Index*

226. *Glossary*

227. *Notes*

228. *References*

229. *Appendix*

230. *Index*

231. *Glossary*

232. *Notes*

233. *References*

234. *Appendix*

235. *Index*

236. *Glossary*

237. *Notes*

238. *References*

239. *Appendix*

240. *Index*

241. *Glossary*

242. *Notes*

243. *References*

244. *Appendix*

245. *Index*

246. *Glossary*

247. *Notes*

248. *References*

249. *Appendix*

250. *Index*

251. *Glossary*

252. *Notes*

253. *References*

254. *Appendix*

255. *Index*

256. *Glossary*

257. *Notes*

258. *References*

259. *Appendix*

260. *Index*

261. *Glossary*

262. *Notes*

263. *References*

264. *Appendix*

265. *Index*

266. *Glossary*

267. *Notes*

268. *References*

269. *Appendix*

270. *Index*

271. *Glossary*

27

100

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11. *How do you think the current situation in the world will affect the future of the company?*

Journal of Management Inquiry 26(5) 479-494

115

115

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10. *Journal of the American Medical Association*, 2000; 283: 2689-2696.

10. *Journal of the American Medical Association*, 2000; 283: 2689-2694.

115

115

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115

1. *Introduction*

2. *Background*

3. *Methodology*

4. *Results*

5. *Discussion*

6. *Conclusion*

7. *Acknowledgments*

8. *References*

9. *Appendix*

10. *Index*

11. *Glossary*

12. *Notes*

13. *Footnotes*

14. *Endnotes*

15. *References*

16. *Appendix*

17. *Index*

18. *Glossary*

19. *Notes*

20. *Footnotes*

21. *Endnotes*

22. *References*

23. *Appendix*

24. *Index*

25. *Glossary*

26. *Notes*

27. *Footnotes*

28. *Endnotes*

29. *References*

30. *Appendix*

31. *Index*

32. *Glossary*

33. *Notes*

34. *Footnotes*

35. *Endnotes*

36. *References*

37. *Appendix*

38. *Index*

39. *Glossary*

40. *Notes*

41. *Footnotes*

42. *Endnotes*

43. *References*

44. *Appendix*

45. *Index*

46. *Glossary*

47. *Notes*

48. *Footnotes*

49. *Endnotes*

50. *References*

51. *Appendix*

52. *Index*

53. *Glossary*

54. *Notes*

55. *Footnotes*

56. *Endnotes*

57. *References*

58. *Appendix*

59. *Index*

60. *Glossary*

61. *Notes*

62. *Footnotes*

63. *Endnotes*

64. *References*

65. *Appendix*

66. *Index*

67. *Glossary*

68. *Notes*

69. *Footnotes*

70. *Endnotes*

71. *References*

72. *Appendix*

73. *Index*

74. *Glossary*

75. *Notes*

76. *Footnotes*

77. *Endnotes*

78. *References*

79. *Appendix*

80. *Index*

81. *Glossary*

82. *Notes*

83. *Footnotes*

84. *Endnotes*

85. *References*

86. *Appendix*

87. *Index*

88. *Glossary*

89. *Notes*

90. *Footnotes*

91. *Endnotes*

92. *References*

93. *Appendix*

94. *Index*

95. *Glossary*

96. *Notes*

97. *Footnotes*

98. *Endnotes*

99. *References*

100. *Appendix*

101. *Index*

102. *Glossary*

103. *Notes*

104. *Footnotes*

105. *Endnotes*

106. *References*

107. *Appendix*

108. *Index*

109. *Glossary*

110. *Notes*

111. *Footnotes*

112. *Endnotes*

113. *References*

114. *Appendix*

115. *Index*

116. *Glossary*

117. *Notes*

118. *Footnotes*

119. *Endnotes*

120. *References*

121. *Appendix*

122. *Index*

123. *Glossary*

124. *Notes*

125. *Footnotes*

126. *Endnotes*

127. *References*

128. *Appendix*

129. *Index*

130. *Glossary*

131. *Notes*

132. *Footnotes*

133. *Endnotes*

134. *References*

135. *Appendix*

136. *Index*

137. *Glossary*

138. *Notes*

139. *Footnotes*

140. *Endnotes*

141. *References*

142. *Appendix*

143. *Index*

144. *Glossary*

145. *Notes*

146. *Footnotes*

147. *Endnotes*

148. *References*

149. *Appendix*

150. *Index*

151. *Glossary*

152. *Notes*

153. *Footnotes*

154. *Endnotes*

155. *References*

156. *Appendix*

157. *Index*

158. *Glossary*

159. *Notes*

160. *Footnotes*

161. *Endnotes*

162. *References*

163. *Appendix*

164. *Index*

165. *Glossary*

166. *Notes*

167. *Footnotes*

168. *Endnotes*

169. *References*

170. *Appendix*

171. *Index*

172. *Glossary*

173. *Notes*

174. *Footnotes*

175. *Endnotes*

176. *References*

177. *Appendix*

178. *Index*

179. *Glossary*

180. *Notes*

181. *Footnotes*

182. *Endnotes*

183. *References*

184. *Appendix*

185. *Index*

186. *Glossary*

187. *Notes*

188. *Footnotes*

189. *Endnotes*

190. *References*

191. *Appendix*

192. *Index*

193. *Glossary*

194. *Notes*

195. *Footnotes*

196. *Endnotes*

197. *References*

198. *Appendix*

199. *Index*

200. *Glossary*

201. *Notes*

202. *Footnotes*

203. *Endnotes*

204. *References*

205. *Appendix*

206. *Index*

207. *Glossary*

208. *Notes*

209. *Footnotes*

210. *Endnotes*

211. *References*

212. *Appendix*

213. *Index*

214. *Glossary*

215. *Notes*

216. *Footnotes*

217. *Endnotes*

218. *References*

219. *Appendix*

220. *Index*

221. *Glossary*

222. *Notes*

223. *Footnotes*

224. *Endnotes*

225. *References*

226. *Appendix*

227. *Index*

228. *Glossary*

229. *Notes*

230. *Footnotes*

231. *Endnotes*

232. *References*

233. *Appendix*

234. *Index*

235. *Glossary*

236. *Notes*

237. *Footnotes*

238. *Endnotes*

239. *References*

240. *Appendix*

241. *Index*

242. *Glossary*

243. *Notes*

244. *Footnotes*

245. *Endnotes*

246. *References*

247. *Appendix*

248. *Index*

249. *Glossary*

250. *Notes*

251. *Footnotes*

252. *Endnotes*

253. *References*

254. *Appendix*

255. *Index*

256. *Glossary*

257. *Notes*

258. *Footnotes*

259. *Endnotes*

260. *References*

261. *Appendix*

262. *Index*

263. *Glossary*

264. *Notes*

265. *Footnotes*

266. *Endnotes*

267. *References*

268. *Appendix*

269.

1. *What is the main purpose of this document?*

1. *What is the purpose of this document?*
 2. *What are the main findings of the study?*
 3. *What are the implications of the findings?*
 4. *What are the limitations of the study?*
 5. *What are the conclusions of the study?*
 6. *What are the recommendations of the study?*
 7. *What are the future research directions?*
 8. *What are the acknowledgments?*
 9. *What are the references?*
 10. *What are the appendices?*
 11. *What are the footnotes?*
 12. *What are the tables?*
 13. *What are the figures?*
 14. *What are the captions?*
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 28. *What are the sections?*
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 72. *What are the titles?*
 73. *What are the subtitles?*
 74. *What are the headings?*
 75. *What are the subheadings?*
 76. *What are the sections?*
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 89. *What are the subtitles?*
 90. *What are the headings?*
 91. *What are the subheadings?*
 92. *What are the sections?*
 93. *What are the paragraphs?*
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 107. *What are the subheadings?*
 108. *What are the sections?*
 109. *What are the paragraphs?*
 110. *What are the sentences?*
 111. *What are the words?*
 112. *What are the letters?*
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 116. *What are the dates?*
 117. *What are the times?*
 118. *What are the locations?*
 119. *What are the names?*
 120. *What are the titles?*
 121. *What are the subtitles?*
 122. *What are the headings?*
 123. *What are the subheadings?*
 124. *What are the sections?*
 125. *What are the paragraphs?*
 126. *What are the sentences?*
 127. *What are the words?*
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 130. *What are the symbols?*
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 132. *What are the dates?*
 133. *What are the times?*
 134. *What are the locations?*
 135. *What are the names?*
 136. *What are the titles?*
 137. *What are the subtitles?*
 138. *What are the headings?*
 139. *What are the subheadings?*
 140. *What are the sections?*
 141. *What are the paragraphs?*
 142. *What are the sentences?*
 143. *What are the words?*
 144. *What are the letters?*
 145. *What are the numbers?*
 146. *What are the symbols?*
 147. *What are the units?*
 148. *What are the dates?*
 149. *What are the times?*
 150. *What are the locations?*
 151. *What are the names?*
 152. *What are the titles?*
 153. *What are the subtitles?*
 154. *What are the headings?*
 155. *What are the subheadings?*
 156. *What are the sections?*
 157. *What are the paragraphs?*
 158. *What are the sentences?*
 159. *What are the words?*
 160. *What are the letters?*
 161. *What are the numbers?*
 162. *What are the symbols?*
 163. *What are the units?*
 164. *What are the dates?*
 165. *What are the times?*
 166. *What are the locations?*
 167. *What are the names?*
 168. *What are the titles?*
 169. *What are the subtitles?*
 170. *What are the headings?*
 171. *What are the subheadings?*
 172. *What are the sections?*
 173. *What are the paragraphs?*
 174. *What are the sentences?*
 175. *What are the words?*
 176. *What are the letters?*
 177. *What are the numbers?*
 178. *What are the symbols?*
 179. *What are the units?*
 180. *What are the dates?*
 181. *What are the times?*
 182. *What are the locations?*
 183. *What are the names?*
 184. *What are the titles?*
 185. *What are the subtitles?*
 186. *What are the headings?*
 187. *What are the subheadings?*
 188. *What are the sections?*
 189. *What are the paragraphs?*
 190. *What are the sentences?*
 191. *What are the words?*
 192. *What are the letters?*
 193. *What are the numbers?*
 194. *What are the symbols?*
 195. *What are the units?*
 196. *What are the dates?*
 197. *What are the times?*
 198. *What are the locations?*
 199. *What are the names?*
 200. *What are the titles?*
 201. *What are the subtitles?*
 202. *What are the headings?*
 203. *What are the subheadings?*
 204. *What are the sections?*
 205. *What are the paragraphs?*
 206. *What are the sentences?*
 207. *What are the words?*
 208. *What are the letters?*
 209. *What are the numbers?*
 210. *What are the symbols?*
 211. *What are the units?*
 212. *What are the dates?*
 213. *What are the times?*
 214. *What are the locations?*
 215. *What are the names?*
 216. *What are the titles?*
 217. *What are the subtitles?*

115

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115

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 2. *What are the main findings of the study?*
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 13. *What are the figures?*
 14. *What are the captions?*
 15. *What are the legends?*
 16. *What are the abbreviations?*
 17. *What are the symbols?*
 18. *What are the units?*
 19. *What are the dates?*
 20. *What are the locations?*
 21. *What are the names?*
 22. *What are the titles?*
 23. *What are the subtitles?*
 24. *What are the headings?*
 25. *What are the subheadings?*
 26. *What are the sections?*
 27. *What are the paragraphs?*
 28. *What are the sentences?*
 29. *What are the words?*
 30. *What are the letters?*
 31. *What are the numbers?*
 32. *What are the symbols?*
 33. *What are the units?*
 34. *What are the dates?*
 35. *What are the locations?*
 36. *What are the names?*
 37. *What are the titles?*
 38. *What are the subtitles?*
 39. *What are the headings?*
 40. *What are the subheadings?*
 41. *What are the sections?*
 42. *What are the paragraphs?*
 43. *What are the sentences?*
 44. *What are the words?*
 45. *What are the letters?*
 46. *What are the numbers?*
 47. *What are the symbols?*
 48. *What are the units?*
 49. *What are the dates?*
 50. *What are the locations?*
 51. *What are the names?*
 52. *What are the titles?*
 53. *What are the subtitles?*
 54. *What are the headings?*
 55. *What are the subheadings?*
 56. *What are the sections?*
 57. *What are the paragraphs?*
 58. *What are the sentences?*
 59. *What are the words?*
 60. *What are the letters?*
 61. *What are the numbers?*
 62. *What are the symbols?*
 63. *What are the units?*
 64. *What are the dates?*
 65. *What are the locations?*
 66. *What are the names?*
 67. *What are the titles?*
 68. *What are the subtitles?*
 69. *What are the headings?*
 70. *What are the subheadings?*
 71. *What are the sections?*
 72. *What are the paragraphs?*
 73. *What are the sentences?*
 74. *What are the words?*
 75. *What are the letters?*
 76. *What are the numbers?*
 77. *What are the symbols?*
 78. *What are the units?*
 79. *What are the dates?*
 80. *What are the locations?*
 81. *What are the names?*
 82. *What are the titles?*
 83. *What are the subtitles?*
 84. *What are the headings?*
 85. *What are the subheadings?*
 86. *What are the sections?*
 87. *What are the paragraphs?*
 88. *What are the sentences?*
 89. *What are the words?*
 90. *What are the letters?*
 91. *What are the numbers?*
 92. *What are the symbols?*
 93. *What are the units?*
 94. *What are the dates?*
 95. *What are the locations?*
 96. *What are the names?*
 97. *What are the titles?*
 98. *What are the subtitles?*
 99. *What are the headings?*
 100. *What are the subheadings?*
 101. *What are the sections?*
 102. *What are the paragraphs?*
 103. *What are the sentences?*
 104. *What are the words?*
 105. *What are the letters?*
 106. *What are the numbers?*
 107. *What are the symbols?*
 108. *What are the units?*
 109. *What are the dates?*
 110. *What are the locations?*
 111. *What are the names?*
 112. *What are the titles?*
 113. *What are the subtitles?*
 114. *What are the headings?*
 115. *What are the subheadings?*
 116. *What are the sections?*
 117. *What are the paragraphs?*
 118. *What are the sentences?*
 119. *What are the words?*
 120. *What are the letters?*
 121. *What are the numbers?*
 122. *What are the symbols?*
 123. *What are the units?*
 124. *What are the dates?*
 125. *What are the locations?*
 126. *What are the names?*
 127. *What are the titles?*
 128. *What are the subtitles?*
 129. *What are the headings?*
 130. *What are the subheadings?*
 131. *What are the sections?*
 132. *What are the paragraphs?*
 133. *What are the sentences?*
 134. *What are the words?*
 135. *What are the letters?*
 136. *What are the numbers?*
 137. *What are the symbols?*
 138. *What are the units?*
 139. *What are the dates?*
 140. *What are the locations?*
 141. *What are the names?*
 142. *What are the titles?*
 143. *What are the subtitles?*
 144. *What are the headings?*
 145. *What are the subheadings?*
 146. *What are the sections?*
 147. *What are the paragraphs?*
 148. *What are the sentences?*
 149. *What are the words?*
 150. *What are the letters?*
 151. *What are the numbers?*
 152. *What are the symbols?*
 153. *What are the units?*
 154. *What are the dates?*
 155. *What are the locations?*
 156. *What are the names?*
 157. *What are the titles?*
 158. *What are the subtitles?*
 159. *What are the headings?*
 160. *What are the subheadings?*
 161. *What are the sections?*
 162. *What are the paragraphs?*
 163. *What are the sentences?*
 164. *What are the words?*
 165. *What are the letters?*
 166. *What are the numbers?*
 167. *What are the symbols?*
 168. *What are the units?*
 169. *What are the dates?*
 170. *What are the locations?*
 171. *What are the names?*
 172. *What are the titles?*
 173. *What are the subtitles?*
 174. *What are the headings?*
 175. *What are the subheadings?*
 176. *What are the sections?*
 177. *What are the paragraphs?*
 178. *What are the sentences?*
 179. *What are the words?*
 180. *What are the letters?*
 181. *What are the numbers?*
 182. *What are the symbols?*
 183. *What are the units?*
 184. *What are the dates?*
 185. *What are the locations?*
 186. *What are the names?*
 187. *What are the titles?*
 188. *What are the subtitles?*
 189. *What are the headings?*
 190. *What are the subheadings?*
 191. *What are the sections?*
 192. *What are the paragraphs?*
 193. *What are the sentences?*
 194. *What are the words?*
 195. *What are the letters?*
 196. *What are the numbers?*
 197. *What are the symbols?*
 198. *What are the units?*
 199. *What are the dates?*
 200. *What are the locations?*
 201. *What are the names?*
 202. *What are the titles?*
 203. *What are the subtitles?*
 204. *What are the headings?*
 205. *What are the subheadings?*
 206. *What are the sections?*
 207. *What are the paragraphs?*
 208. *What are the sentences?*
 209. *What are the words?*
 210. *What are the letters?*
 211. *What are the numbers?*
 212. *What are the symbols?*
 213. *What are the units?*
 214. *What are the dates?*
 215. *What are the locations?*
 216. *What are the names?*
 217. *What are the titles?*

115

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

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1. *Introduction*

2. *Background*

3. *Methodology*

4. *Results*

5. *Discussion*

6. *Conclusion*

7. *References*

8. *Appendix*

9. *Index*

10. *Table of Contents*

11. *Abstract*

12. *Summary*

13. *Key Words*

14. *Keywords*

15. *Keywords*

16. *Keywords*

17. *Keywords*

18. *Keywords*

19. *Keywords*

20. *Keywords*

21. *Keywords*

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115

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11. *Journal of the American Medical Association*, 2000; 283: 2689-2693.

115

11. *How much time do you spend on the following activities?*

1. *What is the purpose of this document?*

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1. *Introduction*
 2. *Background*
 3. *Methodology*
 4. *Results*
 5. *Discussion*
 6. *Conclusion*
 7. *References*
 8. *Appendix*
 9. *Index*
 10. *Table of Contents*
 11. *Abstract*
 12. *Summary*
 13. *Key Words*
 14. *Keywords*
 15. *Subject Headings*
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