Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY LIFE INSURANCE PLAN

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 01/01/2024

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)
HR, INC.
SIMPLE HR

36474 EMERALD COAST PKWY BLDG B
DESTIN, FL 32541-4711

36474 EMERALD COAST PKWY BLDG B
DESTIN, FL 32541-4711

2b Employer Identification Number (EIN)
81-0583874

2c Plan Sponsor's telephone number
850-650-9935

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.	06/03/2026	BILL LINDSLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/03/2026	BILL LINDSLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	384
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	384
a(2) Total number of active participants at the end of the plan year	**6a(2)**	427
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	427
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	427
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4B

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY LIFE INSURANCE PLAN

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
HR, INC.

D Employer Identification Number (EIN)
81-0583874

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
COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
57-0144607	62049	E5721550	427	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
93959	34471

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

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

VARIOUS - PLEASE SEE ATTACHMENT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93959	34471	BROKER FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
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** [X] 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**	300741
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Colonial Life.

AT 001 000348 UNLTAL51 000000
SIMPLE HR
ATTN: ERIN SARRIA/AIMEE ROSATO
36474 EMERALD COAST PKWY BLDG B
DESTIN FL 32541-4711

February 12, 2026

Re: Information Schedule A (Form 5500)
BCN: E5721550

Dear Erin Sarria/Aimee Rosato:

Colonial Life & Accident Insurance Company is pleased to certify the enclosed Schedule A information on your Colonial Life insurance products.

This Schedule A information is forwarded to you for use by your Plan Administrator in completing your annual report Form 5500 if your company is required to file this form. Colonial Life takes no position as to whether or not your insurance program constitutes a "Welfare Benefit Plan" under the ERISA Act of 1974. The enclosed report shows producer compensation information, including earned commissions and bonuses. Bonuses and non cash incentives are reported as "Amount of Fees Paid, If Any." The report also contains premium paid information and the approximate number of covered persons.

Colonial Life's premium paid information may differ from your records due to timing of posting payments, timing of employee payroll changes, and our internal business practices related to the application of premium. For this reason we suggest you use premium information from your records for reporting "Premium Paid to Carrier."

For more information on reporting requirements or assistance in completing the Form 5500, call the EFAST helpline at 1-866-463-3278. The form and additional information can also be accessed at www.efast.dol.gov. Consult your company attorney or other advisors if you have any questions regarding your obligation to file a Form 5500. For questions regarding the enclosed information, please contact Service Operations at 1-800-256-7004, option 1.

We appreciate this opportunity to serve you.

Sincerely,

Service Operations Department

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Insurance Data for Schedule A Form 5500

AS REQUIRED BY SECTION 104 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 THE COMPENSATION DATA IS PROVIDED TO COMPLY WITH VARIOUS REGULATIONS, REPORTING AND DISCLOSURE REQUIREMENTS, INCLUDING THE DEPARTMENT OF LABOR.

Name of Carrier: Colonial Life & Accident Insurance Company
Post Office Box 1365
Columbia, SC 29202-1365

Carrier EIN: 57-0144607
Carrier NAIC Code: 62049

Account Name: Simple Hr
Billing Control Number: E5721550
Plan Year Date Range: 01/01/2025 - 12/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium:	$128,200.98
Amount for After Tax Paid Premium:	$172,539.98
Total Paid Premium:	$300,740.96

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2025: 427

Insurance Fees and Commission Information for Schedule A Form 5500

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Howard J Horowitz 2610 Alcott St Carmel IN 46032	$3.12	$0.00	$3.12	$0.00
Willis Towers Watson Northeast Inc Po Box 4557 New York NY 10249	$16.80	$0.00	$16.80	$0.00
William Charles Heydt 243 Longsdale Dr Mertztown PA 19539	$0.00	$1.10	$1.10	$0.00
Timothy B Donnelly 5960 92nd Ave N Pinellas Park FL 33782	$6.48	$0.00	$6.48	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Ginakes & Associates Llc 1020 W International Speedway Daytona Beach FL 32114	$20.19	$10.37	$30.56	$7.47
Pat Williams Ins Consultants Inc 18201 Gulf Blvd Redington Shores FL 33708	$0.00	$6.06	$6.06	$0.00
Nfp Corporate Services Ny Llc Po Box 786677 Philadelphia PA 19178	$0.00	$7.56	$7.56	$0.00
Ballator Insurance Group Inc 100 S. Ashley Drive Tampa FL 33602	$10.68	$0.00	$10.68	$0.00
Coach Concepts Inc 4750 Huron Road St Petersburg FL 33708	$2.40	$0.41	$2.81	$0.00
James J Phares 2037 Azalee Ln Summerville SC 29483	$13.45	$0.00	$13.45	$5.15
Linda S Reed 2911 Glenarden Dr Charleston SC 29414	$0.85	$0.00	$0.85	$0.00
John Thomas Touchton 646 Son In Law Rd Bonifay FL 32425	$5.46	$5.94	$11.40	$0.89
Teresa Pelham Po Box 351 Greenwood FL 32443	$0.00	$45.90	$45.90	$0.00
Joey Grubbs Benefits Llc 525 Taylor Rd Monticello FL 32344	$0.24	$0.40	$0.64	$0.00
William C Wester Po Box 375 Grand Ridge FL 32442	$0.00	$3.30	$3.30	$0.00
Robert Allen Neale 694 Baldwin Ave Ste 2 Defuniak Spgs FL 32435	$1.92	$0.00	$1.92	$0.00
Nyra Velasco 1904 Capri Rd Valrico FL 33594	$4.80	$0.00	$4.80	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Worksite Benefits Solution Llc 2622 Wyman Cir Kissimmee FL 34744	$0.10	$0.02	$0.12	$0.25
Paul Stanley Jr 5264 International Blvd North Charleston SC 29418	$11.90	$0.00	$11.90	$9.49
Lyn B Lindsay 14813 Seminole Trl Seminole FL 33776	$9.60	$0.00	$9.60	$0.00
Marsh & Mclennan Agency Llc Dba Bouchard Clearwater FL 33765	$42.29	$1.80	$44.09	$0.00
Dunn Benefits Group Llc 287 County Road 755 Enterprise AL 36330	$59.29	$62.64	$121.93	$2,168.71
Patricia M Carducci 4784 Simcoe St Palm Harbor FL 34683	$6.56	$0.96	$7.52	$0.00
Kara Hughes Pardue 623 Southern Way Spanish Fort AL 36527	$61.06	$67.77	$128.83	$0.00
Amber Krystine Horton 4140 Iris Ct Pensacola FL 32503	$19.23	$19.88	$39.11	$141.15
Cody Hall 502 Bella Dr Enterprise AL 36330	$3,662.35	$4,755.01	$8,417.36	$21,913.01
Benjamin Holton Hall 2610 Farmstone Rdg Auburn AL 36830	$0.00	$3.36	$3.36	$0.00
Todd Boozer 2900 Cahaba Rd Ste G 5 Mountain Brk AL 35223	$4.85	$1.36	$6.21	$0.00
Palmetto Benefit Solutions Llc 5264b Intnl Blvd Ste 200 North Charleston SC 29418	$0.15	$0.00	$0.15	$0.31
Ronald Austin Wimberley Po Box 1097 Santa Rosa Beach FL 32459	$0.00	$13.44	$13.44	$0.00

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Worksite America Llc 14141 46th St N Ste 1209 Clearwater FL 33762	$45.92	$3.36	$49.28	$0.00
Cavender Investments Inc 8132 Nw 28th Street Wildwood FL 34785	$23.64	$0.00	$23.64	$0.00
Jason Grant Dalton 150 Ridgecrest Loop Dothan AL 36301	$1,203.92	$1,505.72	$2,709.64	$5,395.79
Advanced Benefit System Inc 145 River Landing Dr Unit 203 Daniel Island SC 29492	$1.25	$0.00	$1.25	$1.69
Robert P Barbati 1078 N Shadow Dr Mt Pleasant SC 29464	$1.05	$0.00	$1.05	$0.00
Alex Michael Grochowski 1010 N 12th Ave Ste 228 Pensacola FL 32501	$6.27	$19.47	$25.74	$75.73
Lori Ann Sackman 4152 Aqua Vista Dr Pensacola FL 32504	$0.00	$5.44	$5.44	$0.00
Ryan Kyle Pannell 694 Baldwin Ave, Ste 2 Defuniak Springs FL 32435	$3.61	$0.00	$3.61	$0.00
Wayne Rimmer 7454 Farmers Rd Pensacola FL 32526	$4.85	$1.50	$6.35	$0.00
Brian R Chowning 36241 S Grays Airport Rd Fruitland Park FL 34731	$3.67	$1.32	$4.99	$0.69
Nicole Townsend Vedder 6548 Wildemeade Pl Tallahassee FL 32309	$2.49	$3.95	$6.44	$0.64
D'Arciprete & Associates Inc 12945 Us Highway 331 Montgomery AL 36105	$0.00	$0.41	$0.41	$0.00
Alex Tucker Wimberley 782 Driftwood Point Rd Santa Rosa Beach FL 32459	$0.00	$33.72	$33.72	$0.00

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Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Heather Womble Llc 2409 Pirate Ct Jacksonville FL 32224	$0.63	$0.00	$0.63	$0.69
Foundation Risk Partners Corp 780 W Granada Blvd Ste 100 Ormond Beach FL 32174	$30,480.89	$44,392.93	$74,873.82	$0.00
Andrew Atzhorn Inc 416 Pristine Water Lane Mary Esther FL 32569	$0.00	$5.85	$5.85	$0.00
Barnes Insurance & Financial Servic 151 Major Reynolds Place Knoxville TN 37919	$5.89	$0.00	$5.89	$0.00
Shelton Benefits Llc Po Box 555 Elberta AL 36530	$0.00	$4.27	$4.27	$0.00
Pj Skelton Llc 8163 Redonda Loop Lakewood Ranch FL 34202	$2,565.94	$3,513.80	$6,079.74	$4,196.79
Barden And Associates Llc 93 Restful Cove Dadeville AL 36853	$449.30	$618.38	$1,067.68	$545.74
Jennifer Weymouth Llc 2940 Oaktree Dr Kissimmee FL 34744	$2.73	$1.98	$4.71	$0.48
Grubbs Insurance 525 Taylor Rd Monticello FL 32344	$0.48	$1.60	$2.08	$0.00
Au Solutions Corp 2013 Faulk Dr Tallahassee FL 32303	$2.85	$0.00	$2.85	$1.05
Touchton'S Insurance Inc 2189 Stadsklev Rd Marianna FL 32448	$57.84	$10.53	$68.37	$5.20

Agent/Producer Name Address	Amount of Commissions On Pre-Tax Or Employer Paid Policies	Amount of Commissions On After Tax Or Employee Paid Policies	Total Commissions Paid	Amount of Fees Paid If Any
Grand Totals	$38,826.99	$55,131.51	$93,958.50	$34,470.92

Certification Statement

Colonial Life & Accident Insurance Company hereby certifies that the enclosed statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Ben Quick
AVP of Sales Compensation

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