

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
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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 PRAIRIE LAKES HEALTHCARE SYSTEM AFLAC PLAN
1b	Three-digit plan number (PN) ▶ 506
1c	Effective date of plan 04/15/1979
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) PRAIRIE LAKES HEALTHCARE SYSTEM PRAIRIE LAKES HEALTHCARE SYSTEM 401 9TH AVE NW WATERTOWN, SD 57201-1548 401 9TH AVE NW WATERTOWN, SD 57201-1548
2b	Employer Identification Number (EIN) 46-0391067
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 622000

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.	07/15/2026	PRESTON PRATT
	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	5 285
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) 285 6a(2) 271 6b 6c 6d 271 6e 6f 271 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 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:

4F

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 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
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan PRAIRIE LAKES HEALTHCARE SYSTEM AFLAC PLAN	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 PRAIRIE LAKES HEALTHCARE SYSTEM	D Employer Identification Number (EIN) 46-0391067	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier AFLAC					
(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
82-2723296	60380	OCGZ7	234	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 48514	(b) Total amount of fees paid 880
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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	
HEATHER BRAMER	808 S MAPLE WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21703	468		

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
JAMES HEYN	1301 4TH ST NE WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3934	114		

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

JOLYNNE MACK

1301 4TH ST NE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3682	135		

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

NEFZGER ENTERPRISES

524 W LAKE DR
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2510	28		

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

TRAVIS RONKE

102 8TH ST NW
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2101	0		

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

JULIA MOES

808 S MAPLE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1913	0		

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

KRISTI ENDRES

1305 22ND ST NE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1693	21		

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

SHON FORD LLC

427 N BROADWAY AVE
MILLER, SD 57362

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1577	0		

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

CHRISTIE WOOKEY

440 N LAKE DR
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
964	0		

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

THEODORE HONKE

29478 US HIGHWAY 281
LAKE ANDES, SD 57356

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
673	0		

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

MICHAEL EVANS JR

3199 SIOUX CONIFER RD
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
609	0		

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

ASHLEY WARNER

712 2ND ST SW
DE SMET, SD 57231

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
559	0		

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

JEREMY TOMLINSON

6305 W RUSSETT ST
BOISE, ID 83704

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
442	0		

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

KRISTA OLESON

1193 MAYFAIR DR
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
442	0		

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

ASHLEY POITRA

908 1ST ST
BRITTON, SD 57430

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
381	37		

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

LANCE THORSON

1721 12TH AVE NE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
375	0		

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

NAOMI MCLAUGHLIN

320 DEERVIEW AVE
TEA, SD 57064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
366	0		

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

ALFSON INSURANCE LLC

602 IRONWOOD DR
HARTFORD, SD 57033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
307	0		

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

MICHAEL EVANS JR

113 5TH ST SE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
300	0		

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

MICHAEL TOMLINSON

40 PARADISE DR
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
246	0		

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

LISA UHLIR

8516 E WILLOW RIDGE PL
SIOUX FALLS, SD 57110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
225	0		

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

TRACY HOSTLER

518 MAIN AVE
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
214	0		

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

PERFORMANCE PLUS LLC

114 N MAIN ST
MITCHELL, SD 57301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
189	0		

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

DONALD NORTON

506 S MAPLE
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
189	0		

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

WARREN FRICK

5105 YOUNG DEER DR
CUMMING, GA 30041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179	0		

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

ANGELA SYCKS

4606 SOUTHWESTERN DR
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
175	38		

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

JUSTINE DEVILLE

5514 7TH AVE SW
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
174	0		

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

DEBORAH LANGENFELD HOOPS

PO BOX 462
HURON, SD 57350

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
170	0		

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

WILLIAM WENBERG

13024 STACY LANE
LITTLE ROCK, AR 72211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
167	0		

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

DAVID AESOPH

2700 W NICOLE DR
SIOUX FALLS, SD 57105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
152	0		

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

MATTISON NAWROTH

214 1ST ST SW
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111	0		

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

MARY NOSBUSH

PO BOX 14
GARY, SD 57237

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94	0		

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

PATRICK RICKERL

3300 S PILLSBERRY AVE
SIOUX FALLS, SD 57103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94	0		

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

TIMOTHY CASS

227 NELTOM DR
PIERRE, SD 57501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
93	0		

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

MELODY THOMPSON

1601 BLAIRHILL CIR
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
87	0		

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

MICHAEL BOLGER

128 WOODLAND DR
MADISON, SD 57042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
85	0		

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

ROBIN NEFZGER

524 W LAKE DR
LAKE NORDEN, SD 57248

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83	38		

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

CAROLYN MAE AMMANN

2013 PALISADES LN
WATERTOWN, SD 57201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80	0		

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

CONNIE SALLQUIST

1716 W GRAND ARBOR CIR
SIOUX FALLS, SD 57108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
77	0		

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

SARA KNEIP

1500 FRANKLIN AVE
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
72	0		

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

JENNIFER STREETMAN

11207 DOC HOLLIDAY LOOP
CHEYENNE, WY 82009

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

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

JASON MACK

1623 7TH ST NE
WATERTOWN, SD 57201

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

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

CHARLES L PRICE

915 E DONEGAL ST
ONEILL, NE 68763

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

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

BRADY WEISENBERGER

4840 AMBER VALLEY PKWY S STE C
FARGO, ND 58104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
61	0		

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

AWS INC

1919 W 57TH ST
STE 101
SIOUX FALLS, SD 57108

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

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

JADE COMPANIES LLC

600 STEVENS PORT DR STE 300
DAKOTA DUNES, SD 57049

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

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

AMBER PETERREINS

18129 SD HIGHWAY 101
GARY, SD 57237

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

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

BONNIE BUSDICKER

515 SAMARA AVE APT 14
VOLGA, SD 57071

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48	0		

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

ANNE MACK

1623 7TH ST NE
WATERTOWN, SD 57201

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

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

NATHEN GORTEMAKER

7093 SUNDANCE LOOP
CHEYENNE, WY 82009

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

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

NANCY BLOCKER

1919 E 35TH PL
TULSA, OK 74105

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0		

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

BRADLEY MANGUS

943 N HILLS DR
CAPE GIRARDEAU, MO 63701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0		

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

SIDNEY SHOEMAKER

6100 PINE VIEW DR
SIOUX CITY, IA 51106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0		

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

MARSH & MCLENNAN AGENCY LLC

PO BOX 412703
BOSTON, MA 02241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32	0		

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

ANGEL MATHIOWETZ

407 OAK AVE
GARY, SD 57237

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

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

DANIEL KNEIP

603 5TH AVE
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22	0		

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

DNB NATIONAL BANK

PO BOX 1038
CLEAR LAKE, SD 57226

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21	0		

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

SHAWN BENSER

422 SEQUOIA DR
MAPLETON, ND 58059

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

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

JOYCE SMITH

13374 SHIRLEY ST
OMAHA, NE 68144

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

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

ROXANNE M FIECHTNER

2635 SWEETGRASS DR
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0		

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

KARLA KENDRICK

PO BOX 530
KADOKA, SD 57543

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0		

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

AUBREY PORTER

7716 STAGECOACH RD
CHEYENNE, WY 82009

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	0		

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

CAROL JANZ

4935 SAINT ANDREWS CT
LOVELAND, CO 80537

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

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

LARRY HULT

2005 IOWA ST
BROOKINGS, SD 57006

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

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

ROBERT BORTNEM

608 SWALLOW RIDGE DR
BROOKINGS, SD 57006

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

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

MITCHELL FRIEHE & ASSOCIATES, INC

16909 PALISADES DR
OMAHA, NE 68136

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

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

CLAIRE FRAZEE

15274 477TH AVE
MILBANK, SD 57252

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

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

BRUCE BOSSUYT

201 N WILSON ST
MINNEOTA, MN 56264

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		

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

NADINE POLLMAN

1306 SUMMIT CIR
BROOKINGS, SD 57006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		

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

ALAN LECLAIRE

1410 SE 12TH TER
CAPE CORAL, FL 33990

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

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

KENNETH STEELE

PO BOX 88806
SIOUX FALLS, SD 57109

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

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

JENNIFER LECLAIRE

1410 SE 12TH TER
CAPE CORAL, FL 33990

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

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

JOYCE MOODY

1413 BRENTWOOD DR
FORT COLLINS, CO 80521

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

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

HOWARD WECKEL III

2542 WESTLAKE AVE N
UNIT 15
SEATTLE, WA 98109

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

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

MERLE BIEBER

18932 HUNTLEY TRL
LAKEVILLE, MN 55044

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

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

DAVID BECK

19007 BOYD ST
ELKHORN, NE 68022

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

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

GENA QUARANTELO

12962 E VISTAPARK DR
MOORPARK, CA 93021

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

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

KARA CARMODY

718 HOYT AVE E
SAINT PAUL, MN 55106

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

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

THOMAS SHEFFIELD

PO BOX 151
MC COOL JUNCTION, NE 68401

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

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

WILLIAM BARNETT

703 N SAGEHORN DR
HARTFORD, SD 57033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

LESTER BLACKSHEAR

9192 SE 168TH COOK PL
THE VILLAGES, FL 32162

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

BRADLEY HARRISON

3824 BENNINGTON LN
JEFFERSON CITY, MO 65109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		

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

DALTON ENG

1820 FOX RD
APT 208
RAPID CITY, SD 57702

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

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

JOHN THOMPSON

6395 S KEWAUNEE WAY
AURORA, CO 80016

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		

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

LUKE SMITH

211 WALTERS AVE N
LAKE PRESTON, SD 57249

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		

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

KIMBERLY CROCKETT

172 WALKING STICK DR
ELLERSLIE, GA 31807

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

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

MICHAEL COPPESS

8790 F ST STE 204
OMAHA, NE 68127

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

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

GREGG ROBSON

23275 457TH AVE
MADISON, SD 57042

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

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

STEPHEN SIMPSON

540 CELTIC CT
EDMOND, OK 73025

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

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

CHRISTOPHER ASHTON

28 N 8TH ST
GUITAR BLDG STE 317
COLUMBIA, MO 65201

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

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

JEFFREY HIMMELRICK

2215 W A ST
NORTH PLATTE, NE 69101

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

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

JOHN THOMPSON JR

1543 TEDDINGTON ST
DELAND, FL 32720

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

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

TANYA MARTINSON

6395 S KEWAUNEE WAY
AURORA, CO 80016

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

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

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

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

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

(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) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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