

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 EXPRESS CARE PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 11/01/1989
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) AVERITT EXPRESS, INC. 1415 NEAL ST. PO BOX 3166 COOKEVILLE, TN 38502
2b	Employer Identification Number (EIN) 62-0755421
2c	Plan Sponsor's telephone number 931-525-5323
2d	Business code (see instructions) 484120

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	JOHNNY FIELDS
	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 8392
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) 8212 6a(2) 7332 6b 25 6c 176 6d 7533 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 Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4F 4H 4L 4Q

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

a Pension Schedules

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

b General Schedules

- (1)** ☐ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 4
- (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 EXPRESS CARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 AVERITT EXPRESS, INC.	D Employer Identification Number (EIN) 62-0755421

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 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	E7490071	3792	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 834946	(b) Total amount of fees paid 111477
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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 MULTIPLE AGENTS - SEE ATTACHED COLONIAL SCHEDULE A FOR AGENT INFO. COLUMBIA, SC 29202-1365
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
834946	111477	FEES PAID	3

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

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

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

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

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

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

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

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

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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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	5033873
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. ▶

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 EXPRESS CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AVERITT EXPRESS, INC.	D Employer Identification Number (EIN) 62-0755421	

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 VISION SERVICE PLAN					
(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
06-1227840	39616	12128891	5989	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 8941	(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 ALLIANT INSURANCE SERVICES P.O. BOX 745977 LOS ANGELES, CA 90074
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8941			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	2054921	
(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)	2054921
b Benefit charges (1) Claims paid	9b(1)	1961539	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	1961539
(4) Claims charged		9b(4)	1961539
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)	93317	
(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)	93317
(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	0
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. ▶

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 EXPRESS CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AVERITT EXPRESS, INC.	D Employer Identification Number (EIN) 62-0755421	

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 TRUSTMARK 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
36-0792925	61425	0757800000	384	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 60137	(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	
ALTC FUNDING LLC	16932 WOODINVILLE - REDMOND RD STE A-204 WOODINVILLE, WA 98072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32301			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
ALLIANT INSURANCE SERVICES INC	DB-EB OPERATING ACCOUNT PO BOX 8299 PASADENA, CA 91109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24048			3

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

USB HEALTH LLC DBA UNITED SPECIALIS

99 WOOD AVE S - STE 501
ISELIN, NJ 08830

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3788			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

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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	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	273375
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 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 EXPRESS CARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AVERITT EXPRESS, INC.	D Employer Identification Number (EIN) 62-0755421	

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 RELIASTAR LIFE 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
41-0451140	67105	73914-6	7332	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 323261	(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	
ALLIANT INSURANCE SERVICES, INC.	701 B ST 6TH FL SAN DIEGO, CA 92101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
323261			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6974143
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. ▶

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



Averitt Express
Attn: Marsha Brock
Po Box 3166
Cookeville, TN 38502 3166

March 24, 2026

Re: Information Schedule A (Form 5500)
BCN: E7490071

Dear Marsha Brock:

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



000001 E74900710000000 024 000

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: Averitt Express
Billing Control Number: E7490071
Plan Year Date Range: 01/01/2025 - 12/31/2025

Organization Code For Agents/Producers: 3

Amount for Pre-tax or Employer Paid Premium: \$37.96
Amount for After Tax Paid Premium: \$5,033,835.12
Total Paid Premium: \$5,033,873.08

APPROXIMATE NUMBER OF PERSONS COVERED IN DECEMBER 2025: 3,792

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
Wendy Elizabeth Wesolowski 1284 N 12th Ave Pensacola FL 32503	\$0.00	\$1,377.51	\$1,377.51	\$68.02
Howard J Horowitz 2610 Alcott St Carmel IN 46032	\$0.00	\$837.78	\$837.78	\$0.00
Clarice R Mims 133 Hillcrest Drive Marlboro NY 12542	\$0.00	\$6,731.19	\$6,731.19	\$1,041.71
Paulette Victoria Walker 1425 Park Pl Brooklyn NY 11213	\$0.00	\$2,281.90	\$2,281.90	\$12,848.89

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
David Underwood Po Box 32694 Charlotte NC 28232	\$0.00	\$56.34	\$56.34	\$0.00
Pim Solutions Inc 1200 Lake Point Vista Hoover AL 35244	\$0.00	\$6.20	\$6.20	\$0.00
Erika D Dalton 2146 Stone Pile Dr Sw Concord NC 28025	\$0.00	\$166.49	\$166.49	\$0.00
Dianne E Mccoy 9561 Sw 63rd Loop Ocala FL 34481	\$0.00	\$0.95	\$0.95	\$0.00
Rochelle Diane Kelly-Perry Thomas 46 Ivy Dr Jericho NY 11753	\$0.00	\$130.74	\$130.74	\$39.57
Michael N Thorn 8120 Joseph Weston Ct Greensboro NC 27455	\$0.00	\$76.58	\$76.58	\$0.00
John Reistrom 5925 Shore Blvd S Gulfport FL 33707	\$0.00	\$1.55	\$1.55	\$0.00
Jacqueline E Forbes-Clarke 27 Hudson Ave Mount Vernon NY 10553	\$0.00	\$169.86	\$169.86	\$0.00
The Grant Agcy Inc Po Box 41544 Jacksonville FL 32203	\$0.00	\$49.68	\$49.68	\$0.00
Carol Lee Holden 5312 Radiant Ln Amarillo TX 79109	\$0.00	\$873.65	\$873.65	\$71.66
Sarah E Percheski 65 Dunn Lane Pennsville NJ 08070	\$0.00	\$541.85	\$541.85	\$0.00
Juliet A Bruno 17 Arbutus Ave Millville NJ 08332	\$0.00	\$7.62	\$7.62	\$0.00
Timothy J Reed 21 Azalea Dr Lumberton NJ 08048	\$0.00	\$528.60	\$528.60	\$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
Robert L Carelli Attn Robert Carelli Deltona FL 32738	\$0.00	\$19.42	\$19.42	\$0.00
Harold J Doyle 892 Riders Way E Evans GA 30809	\$0.00	\$18.26	\$18.26	\$0.00
Paul J Piper 611 E Loop 499 Harlingen TX 78550	\$0.00	\$21.46	\$21.46	\$0.00
David J McClellan 118 Royal Horse Way Reinholds PA 17569	\$0.00	\$842.12	\$842.12	\$6,166.33
Regina Schmutte 4999 Hartland Pkwy Lexington KY 40515	\$0.00	\$2.11	\$2.11	\$0.00
Suzanne R Brosemer 6889 Woodsville Rd Hayes VA 23072	\$0.00	\$50.59	\$50.59	\$0.00
J Michael Norris Inc 731 Avignon Dr Ste 1 Ridgeland MS 39157	\$0.00	\$28.76	\$28.76	\$0.00
Toni E Steed Llc 11218 Warfield Ave Huntersville NC 28078	\$0.00	\$390.66	\$390.66	\$0.00
Melissa L George & Associates Llc 2905 E Point St #91589 Atlanta GA 30344	\$0.00	\$63.28	\$63.28	\$0.00
Timothy Birdsong 302 Fieldbrook Dr Washington PA 15301	\$0.00	\$1,356.39	\$1,356.39	\$362.56
Deirdre B Hoehn 30885 Fresh Pond Dr Ocean View DE 19970	\$0.00	\$419.69	\$419.69	\$0.00
James Snow 286 Castlegate Rd Macon GA 31210	\$0.00	\$166.11	\$166.11	\$0.00
Linda B Allen 1405 Elgin Street Willimington NC 28409	\$0.00	\$5.34	\$5.34	\$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
Margaret M Graham 200 Crooked Creek Dr Oneida TN 37841	\$0.00	\$10.65	\$10.65	\$0.00
J S Driscoll 2316 Battery Park Rd Chesapeake VA 23323	\$0.00	\$8.49	\$8.49	\$0.00
Dean C Smith 2632 Judes Ferry Rd Powhatan VA 23139	\$0.00	\$29.22	\$29.22	\$0.00
Paul S Terrell 610 Whippoorwill Dr Canyon Lake TX 78133	\$0.00	\$70.21	\$70.21	\$0.00
Unhui Kim Brown Po Box 1722 Davidson NC 28036	\$0.00	\$49.50	\$49.50	\$0.00
Dennis E Traywick 1325 Black Road Prospect TN 38477	\$0.42	\$15,438.16	\$15,438.58	\$4,655.88
Jan Stotesberry 505 W Boulevard Williamston NC 27892	\$0.00	\$15.16	\$15.16	\$0.00
Melodie M Mcdaniel 181 Silver Bluff Dr Canton NC 28716	\$0.00	\$52.60	\$52.60	\$0.00
Jerry Lee Honeycutt 431 Casper Rd Dunn NC 28334	\$0.43	\$438.29	\$438.72	\$611.05
Emma Ann Dean 1879 White Lake Dr Pmb 7294 Elizabethtown NC 28337	\$0.00	\$58.86	\$58.86	\$0.00
Morris Powell 5002 Blue Grass Ct Wilmington NC 28409	\$0.00	\$8.71	\$8.71	\$0.00
Arthur Wayne Jordan Jr 514 Oakwood Ave Raleigh NC 27601	\$0.00	\$1.54	\$1.54	\$0.00
Raymond N Mills 298 Reese Dr Willow Spring NC 27592	\$0.00	\$7.58	\$7.58	\$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
Leon Martin 1520 Martin St Ste 105 Winston Salem NC 27103	\$0.00	\$139.00	\$139.00	\$0.00
Jane S Whicker 1066 Sheephead Lane China Grove NC 28023	\$0.00	\$31.73	\$31.73	\$0.00
Jane A Peterson-Ogle 86 Honeysuckle Ln Mill Spring NC 28756	\$0.00	\$12.80	\$12.80	\$0.00
R W Parsons 4270 Rochard Ln Fort Mill SC 29707	\$0.00	\$10.22	\$10.22	\$0.00
Kjell T Terrell 327 Golf Course Dr Raleigh NC 27610	\$0.00	\$30.93	\$30.93	\$0.00
Margaret Day Marsh 3120 Middlebrook Dr Clemmons NC 27012	\$0.00	\$32.44	\$32.44	\$0.00
James Bryan Elliott 710 East Parker Road Morganton NC 28655	\$5.86	\$5,766.56	\$5,772.42	\$524.08
Keith Styanley Tobias 1366 Dunraven Dr Murfreesboro TN 37128	\$0.00	\$4,469.02	\$4,469.02	\$0.00
Shelley G Kirk 567 Creole Retreat Mount Pleasant SC 29464	\$0.00	\$20.63	\$20.63	\$0.00
Lori L Dickerson 109 Rochester Rd Easley SC 29640	\$0.00	\$6.46	\$6.46	\$0.00
Betty A Britt 2525 Triggerfish Ct Holiday FL 34691	\$0.00	\$64.90	\$64.90	\$0.00
Teresa M Campbell 106 Renaissance Cir Mauldin SC 29662	\$0.00	\$22.43	\$22.43	\$2.54
Carla Petrina Wilson 933 Oak St Mooresville NC 28115	\$0.00	\$3,040.66	\$3,040.66	\$568.05

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
James G Geddings 113 John Deere Way Madison AL 35757	\$0.00	\$2.50	\$2.50	\$0.00
Donna D Tomasini 740 Shadow Mist Ln Columbia SC 29210	\$0.00	\$15.50	\$15.50	\$0.00
James R McComb 1063 Coatesdale Rd Columbia SC 29209	\$0.00	\$2.11	\$2.11	\$0.00
Thomas L Jeffords Po Box 6191 Mckinney TX 75071	\$0.00	\$39.61	\$39.61	\$0.00
William T Miller 2908 Otranto Rd Lot 48 North Charleston SC 29406	\$0.00	\$38.03	\$38.03	\$0.00
Jonathan Rodney Morris 1947 Old Nation Rd Fort Mill SC 29715	\$0.00	\$55.86	\$55.86	\$0.00
Brenda Gail Pate 144 Sugar Mill Circle Clarkesville GA 30523	\$0.00	\$16.27	\$16.27	\$0.00
Lisa D Niswonger 2711 Thomas Dr Cape Girardeau MO 63701	\$0.00	\$9.12	\$9.12	\$0.00
Marsha R Vance 140 Jean Dr Crawfordville FL 32327	\$0.00	\$0.56	\$0.56	\$0.00
Brandi Taft 6413 Premier Dr Nashville TN 37209	\$0.00	\$1,610.99	\$1,610.99	\$0.00
Donnie H Vance 3233 Judge Lott Rd Lenox GA 31637	\$0.00	\$8.70	\$8.70	\$0.00
Nancy D Cloudt 128 Laurel Dr Barnesville GA 30204	\$0.00	\$84.86	\$84.86	\$0.00
Mary Jo Chappell 109 County Road 251 Cameron TX 76520	\$0.00	\$43.42	\$43.42	\$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
Julie S Perry Po Box 663 Bloomingdale GA 31302	\$0.00	\$7.75	\$7.75	\$0.00
Kelle Daggett Perry 797 Old Cc Rd Pikeville TN 37367	\$0.00	\$13,423.05	\$13,423.05	\$322.07
Complete Business Benefits Inc 905 W Tuskeena St Wetumpka AL 36092	\$0.00	\$5.05	\$5.05	\$0.00
Ginger Mullins & Company Inc 1 Weatherstone Pt Little Rock AR 72211	\$0.00	\$5.43	\$5.43	\$0.00
Sandra Toussians Sims 16542 Broadford Ln Clermont FL 34714	\$0.00	\$35.43	\$35.43	\$0.00
Sabrina S Ramos 13750 W Colonial Dr Ste 350-33 Winter Garden FL 34787	\$0.00	\$28.03	\$28.03	\$0.00
David Evans 2711 York Ct Southlake TX 76092	\$0.00	\$957.09	\$957.09	\$0.00
The Barnes Agency Llc 2426 S Park Ave Dothan AL 36302	\$0.00	\$2.63	\$2.63	\$0.00
Sharon Simpson McClendon 4207 Turkey Creek Rd Plant City FL 33567	\$0.00	\$277.36	\$277.36	\$0.00
Raymond J Susnik 5252 Club Head Rd Virginia Beach VA 23455	\$0.00	\$15.60	\$15.60	\$0.00
Nikgrejesken Inc 818 Missile Base Rd Judsonia AR 72081	\$0.00	\$5.06	\$5.06	\$0.00
Laurie Jane Burns 1274 Bicycle Ct York SC 29745	\$0.00	\$213.46	\$213.46	\$0.00
Benefits Count li Inc 1401 Christmas Ct Raleigh NC 27604	\$0.00	\$5.50	\$5.50	\$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
Kevin Armstrong Insurance Inc 4027 W Faidley Ave Grand Island NE 68803	\$0.13	\$0.00	\$0.13	\$0.14
Suzanne Bratton Tucker Po Box 22518 Lexington KY 40522	\$0.00	\$58.71	\$58.71	\$0.00
Robert Bernard Schmutte 4999 Hartland Pkwy Lexington KY 40515	\$0.00	\$9.64	\$9.64	\$0.00
Thomas Martin Levinstein 16 Pheasant Ln Aliso Viejo CA 92656	\$0.00	\$114.32	\$114.32	\$0.00
Susan J Goodspeed 2866 Brookside Dr Mobile AL 36693	\$0.00	\$4.48	\$4.48	\$0.00
Kristen Bible 5461 Tralee Pl Raleigh NC 27609	\$0.00	\$153.39	\$153.39	\$0.00
Barbara J Lake 226 N High St Morristown IN 46161	\$0.00	\$5,632.18	\$5,632.18	\$550.52
Bryan Richard Beyland 8811 Yankee Cove Ct Centerville OH 45458	\$0.00	\$2.24	\$2.24	\$0.00
North Florida Benefit Solutions Inc 12659-1 Plummer Grant Road Jacksonville FL 32258	\$0.00	\$101.07	\$101.07	\$0.00
Grace V Nead 1015 State Park Rd Greenville SC 29609	\$0.00	\$215.58	\$215.58	\$0.00
David Hampton 4910 W Arlington Park Blvd Fort Wayne IN 46835	\$0.00	\$0.99	\$0.99	\$0.00
Jeffrey Luxenberg 307 Longtree Ln Logansport IN 46947	\$0.00	\$255.82	\$255.82	\$0.00
Brandon Marcello Cento 13816 Fernleaf Way Carmel IN 46033	\$0.00	\$6.39	\$6.39	\$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
Elizabeth Louise Fender 335 S Emerson Ave Indianapolis IN 46219	\$0.00	\$7,757.86	\$7,757.86	\$537.76
Brenda Bowling-Morrow 7525 W Mooresville Rd Camby IN 46113	\$0.00	\$2.37	\$2.37	\$0.00
Vernice Studstill 4424 Glenhaven Dr Decatur GA 30035	\$0.00	\$8.81	\$8.81	\$0.00
David W Ottinger 111 Curry Hill Rd Lemont Furnace PA 15456	\$0.00	\$9,176.82	\$9,176.82	\$0.00
Jeffrey Bishop Felter 1405 Crested Iris Way North Myrtle Beach SC 29582	\$0.00	\$12.38	\$12.38	\$0.00
Paul Stanley Jr 5264 International Blvd North Charleston SC 29418	\$0.00	\$7.54	\$7.54	\$0.00
Laura A Rhein 101 Schlueter Germaine Rd Belleville IL 62220	\$0.00	\$536.91	\$536.91	\$45.62
Alliant Insurance Services Inc 701 B St San Diego CA 92101	\$6.52	\$307,945.23	\$307,951.75	\$48,991.83
Elaisius Bonner 974 Rosefield Ln Aurora IL 60504	\$0.00	\$497.46	\$497.46	\$0.00
Lyn B Lindsay 14813 Seminole Trail Seminole FL 33776	\$0.00	\$33.45	\$33.45	\$0.00
Marsh McLennan Agency Llc 3605 Glenwood Ave Ste 201 Raleigh NC 27612	\$0.00	\$714.61	\$714.61	\$0.00
Karen Tobias 1366 Dunraven Dr Murfreesboro TN 37128	\$0.00	\$3,450.63	\$3,450.63	\$0.00
Emily Copeland Po Box 453 Middleton TN 38052	\$0.00	\$113.43	\$113.43	\$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
Dorothy Ring 8300 Plaza Gate Ln Apt 1184 Jacksonville FL 32217	\$0.00	\$234.69	\$234.69	\$0.00
Jantelle Lavonne Bonner 99 N Post Oak Ln Apt 5302 Houston TX 77024	\$0.00	\$4.47	\$4.47	\$0.00
W F Hill And Associates Inc 30700 Telegraph Rd Ste 2620 Bingham Farms MI 48025	\$0.00	\$1,024.40	\$1,024.40	\$446.20
James D Thresher Po Box 19569 Happy Jack AZ 86024	\$0.00	\$1.25	\$1.25	\$0.00
Ozella Hanks 1032 Churchill Dr Bolingbrook IL 60440	\$0.00	\$2.20	\$2.20	\$0.00
Anne Owens 100 Leesburg Pike Georgetown KY 40324	\$0.00	\$57.91	\$57.91	\$0.00
Deborah S Golden 1505 Aquarius Way Bowling Green KY 42104	\$0.00	\$5.95	\$5.95	\$0.00
Linda R Marcum 1147 N Broad St Lexington TN 38351	\$0.00	\$289.26	\$289.26	\$0.00
Mike Terry 1505 Casper Ct Lexington KY 40511	\$0.00	\$2.16	\$2.16	\$0.00
William Hedrick 264 Old Flemingsburg Rd Morehead KY 40351	\$0.00	\$16.20	\$16.20	\$0.00
Charlene Castillo 1260 Pr 3023 Elgin TX 78621	\$0.00	\$2.50	\$2.50	\$0.00
Steve A Calvert 103 Main St Sharpsburg KY 40374	\$0.00	\$447.99	\$447.99	\$0.00
Margaret C Terry 1505 Casper Ct Lexington KY 40511	\$0.00	\$18.13	\$18.13	\$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
Kristin Bennett 1462 Hamilton Ct Bowling Green KY 42104	\$0.00	\$186.30	\$186.30	\$0.00
Frankie Glee Williams 186 Chambers Dr Bowling Green KY 42103	\$0.00	\$73.46	\$73.46	\$0.00
Lisa Marie Hall 113 Woodberry Crossett AR 71635	\$0.00	\$8.80	\$8.80	\$0.00
Norma J Davis 269 Ruffian Trl Corbin KY 40701	\$0.00	\$4.48	\$4.48	\$0.00
Ted Bennett 1087 Aristides Dr Bowling Green KY 42104	\$0.00	\$103.53	\$103.53	\$0.00
Robert Anthony Martin Po Box 1516 Florence KY 41022	\$0.00	\$13.29	\$13.29	\$0.00
Kinda Jackson 1811 Brooksie Thompson Rd Decaturville TN 38329	\$0.00	\$9.48	\$9.48	\$0.00
Mark Christopher Holland Po Box 38366 Germantown TN 38183	\$0.00	\$744.17	\$744.17	\$0.00
Marilynn Decker 5173 John Hagar Rd Hermitage TN 37076	\$0.00	\$304.87	\$304.87	\$0.00
Sharon May Lindsay 724 Wildflower Ln Chattanooga TN 37419	\$0.00	\$1.25	\$1.25	\$0.00
Mary Daugherty Po Box 119 Rocky Top TN 37769	\$0.00	\$1,907.34	\$1,907.34	\$56.06
Janice D Rucks 691 S Byhalia Rd Apt 338 Collierville TN 38017	\$0.00	\$495.33	\$495.33	\$0.00
Victoria L Flynn 7009 Fairview Rd Corryton TN 37721	\$0.00	\$91.17	\$91.17	\$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
Thomas Wallace Jr 200 County Road 444 Oxford MS 38655	\$0.00	\$629.60	\$629.60	\$0.00
James A Sharp 1021 Tulip Blossom Dr Hermitage TN 37076	\$0.00	\$733.36	\$733.36	\$0.00
Tracy Henson Tutor 9931 Cypress Willow Cv Olive Branch MS 38654	\$0.00	\$26.72	\$26.72	\$0.00
Jennifer Griggs 101 Julie Ln Brinkley AR 72021	\$0.00	\$136.73	\$136.73	\$0.00
Diane Stevens Niesen 2121 Taryn Ln Nesbit MS 38651	\$0.00	\$2.54	\$2.54	\$0.00
Brenda H Bridges 223 Shady Ln White House TN 37188	\$0.00	\$1,128.67	\$1,128.67	\$0.00
Sheila A Shell 413 Moss Trl Goodlettsville TN 37072	\$0.00	\$14.70	\$14.70	\$0.00
Jeffrey Clay Lynch 783 Old Hickory Blvd Ste 353w Brentwood TN 37027	\$0.00	\$60,800.11	\$60,800.11	\$0.00
Jerry W Hooper 5809 Leggett Ln The Villages FL 32163	\$0.00	\$68.41	\$68.41	\$0.00
Betty C Haynes 5513 Poplar Corner Rd Brownsville TN 38012	\$0.00	\$9.93	\$9.93	\$0.00
Katherine C Roberts 8846 Picadilly Trl Ooltewah TN 37363	\$0.00	\$1.25	\$1.25	\$0.00
Debbie Renea Cunningham 3764 Calista Rd Cross Plains TN 37049	\$0.00	\$3.23	\$3.23	\$0.00
Lisa Jennette Underhill 1296 Red Oak Dr Brentwood TN 37027	\$0.00	\$7.91	\$7.91	\$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
David Howell 2121 Collins Ln Lakesite TN 37379	\$0.00	\$6.08	\$6.08	\$0.00
Heather Horn 126 Reed Ln Locust Fork AL 35097	\$0.00	\$24.56	\$24.56	\$0.00
Tarkenton T Dillard 6406 E Patrick Ct Montgomery AL 36117	\$0.00	\$128.64	\$128.64	\$0.00
Carla E Burwell 3012 Wesley Rd Spring Hill TN 37174	\$0.00	\$15.37	\$15.37	\$0.00
Monisha Dillard 6406 E Patrick Ct Montgomery AL 36117	\$0.00	\$9.47	\$9.47	\$0.00
Donna E Jacks Po Box 746 Dunnellon FL 34430	\$0.00	\$40.54	\$40.54	\$0.00
Melinda M Mitchell 111 Lakeshore Dr Apt H101 Brandon MS 39047	\$0.00	\$16.46	\$16.46	\$0.00
Carole H Warren 2716 Hanover Cir S Apt 801 Birmingham AL 35205	\$0.00	\$445.27	\$445.27	\$0.00
Edward L Colebeck Jr 1753 Murray Hill Rd Vestavia Hills AL 35216	\$0.00	\$4.73	\$4.73	\$0.00
Angie Carmack Lett 8575 Lee Road 146 Opelika AL 36804	\$0.00	\$82.82	\$82.82	\$0.00
Kellie Leanne Wells 16281 Savoy Ct Fairhope AL 36532	\$0.00	\$4.30	\$4.30	\$0.00
John Mitchell 5625 Blackfin Dr New Port Richey FL 34652	\$0.00	\$17.61	\$17.61	\$0.00
Mickey W Boswell 538 Mcknight Rd Cleveland MS 38732	\$0.00	\$24.21	\$24.21	\$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
Don Fennell 13659 Queens Harbor Blvd N Jacksonville FL 32225	\$0.00	\$1.64	\$1.64	\$0.00
Hollie Crabtree 108 Peninsula Dr Laurens SC 29360	\$0.00	\$3.99	\$3.99	\$0.00
Charles L Whitworth Jr 3715 N Highway 7 Hot Springs AR 71909	\$0.00	\$5.82	\$5.82	\$0.00
Susan Mae Daniel 2713 Cayce Meade Dr Hopkinsville KY 42240	\$0.00	\$24.68	\$24.68	\$0.00
Enid Chandler 2500 Houma Blvd Apt 318 Metairie LA 70001	\$0.00	\$4.96	\$4.96	\$0.00
Anthony L Embanato Po Box 13126 Monroe LA 71213	\$0.00	\$8.39	\$8.39	\$0.00
Susan B Steele 415 N 6th St Nederland TX 77627	\$0.00	\$53.78	\$53.78	\$0.00
Shannon S Knapps 11015 Mccullough Rd Zachary LA 70791	\$0.00	\$4.08	\$4.08	\$0.00
Maria Williams 4743 Alphonse Dr Metairie LA 70006	\$0.00	\$12.65	\$12.65	\$0.00
Carolyn S Graves 9212 Raven Ave Oklahoma City OK 73132	\$0.00	\$0.99	\$0.99	\$0.00
Dion Chavez Po Box 533070 Harlingen TX 78553	\$0.00	\$31.57	\$31.57	\$0.00
Freddie L Powers Po Box 5273 Kingwood TX 77325	\$0.00	\$31.17	\$31.17	\$0.00
Sandra Ann Williams 13005 Bent Oak Dr Woodway TX 76712	\$0.00	\$0.73	\$0.73	\$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
Sherry M Allbritton 3809 Winding Rd Arlington TX 76016	\$0.00	\$904.49	\$904.49	\$0.00
Andres Lopez 11713 Sierra Morena Dr El Paso TX 79936	\$0.00	\$169.48	\$169.48	\$0.00
Yesenia A Hernandez 6715 S Keeler Ave Chicago IL 60629	\$0.00	\$3,366.90	\$3,366.90	\$1,084.23
Shellie Lyn Cox 6015 Mccann Rd Longview TX 75605	\$0.00	\$9.94	\$9.94	\$0.00
Troy J Palmer 15534 Clover Rdg San Antonio TX 78248	\$0.00	\$163.73	\$163.73	\$0.00
David Mason Dokell 159 Beacon Dr Unit A Mooresville NC 28117	\$0.00	\$1,537.54	\$1,537.54	\$19.31
Sandra Driver 3216 Malcolm Rd. Melissa TX 75454	\$0.00	\$57.62	\$57.62	\$0.00
Capital Financial Strategies Inc 7008 Salem Avenue Suite 106 Lubbock TX 79424	\$0.00	\$84.57	\$84.57	\$10.52
Virginia Leder-Clark 2800 Spring Oaks Highland Village TX 75077	\$0.00	\$29.44	\$29.44	\$0.00
Robert Randolph Taylor 809 E Taylor St Harlingen TX 78550	\$0.00	\$142.88	\$142.88	\$0.00
Delores J Karisch Po Box 35 Smithville TX 78957	\$0.00	\$51.66	\$51.66	\$0.00
Michael Don Price Po Box 933 Wolfforth TX 79382	\$0.00	\$0.60	\$0.60	\$0.00
Chalsee Brannam 5407 County Road 1042 Celeste TX 75423	\$0.00	\$5.13	\$5.13	\$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
Billy Mark Roberson 19210 Boca Del Mar San Antonio TX 78258	\$0.00	\$175.27	\$175.27	\$0.00
Gary W Price 5401 Hollytree Dr Apt 2504 Tyler TX 75703	\$0.00	\$20.76	\$20.76	\$0.00
Barnett Benefits Group Inc 101 Barnett Rd Lonoke AR 72086	\$0.00	\$44.71	\$44.71	\$0.00
Carl L Reed 11727 Timber Ridge Dr Keithville LA 71047	\$0.00	\$0.69	\$0.69	\$0.00
Edghill Enterprises Llc 2701 N 70th St Apt D87 Lincoln NE 68507	\$0.89	\$579.13	\$580.02	\$0.12
Royce G Lane 1110 Joshua Tree Ln Celina TX 75009	\$0.00	\$0.30	\$0.30	\$0.00
Norwood Benefit Services Inc 6478 Long Breeze Rd Orlando FL 32810	\$0.00	\$28.25	\$28.25	\$0.00
Jgbenefits Consultants 12300 Ford Rd Ste 450 Farmers Branch TX 75234	\$0.00	\$296.31	\$296.31	\$0.00
Angela J Zweers 183 Brandon Woods Dr Spring Hill TN 37174	\$0.00	\$655.80	\$655.80	\$21.18
C & K Benefits Llc 106 Renaissance Cir Mauldin SC 29662	\$0.00	\$22.43	\$22.43	\$2.90
Chambers Agency Llc 304 Woodbridge Way Simpsonville SC 29681	\$0.00	\$200.01	\$200.01	\$0.00
Bishop Insurance Llc 113 Homestead Drive Boiling Springs SC 29316	\$0.00	\$449.82	\$449.82	\$0.00
Rogle Inc 7460 Lantern Rd Indianapolis IN 46256	\$0.00	\$1,535.27	\$1,535.27	\$602.11



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
Animal Empire Inc 1024 Granada Ave Nashville TN 37206	\$0.00	\$14.71	\$14.71	\$0.00
Pamela Jean Deshaw-Brackett 6518 W Hunter Lake Rd Duluth MN 55803	\$0.00	\$101.32	\$101.32	\$0.00
Robert Gene Ramsay 1836 Harrison Dr Gardendale AL 35071	\$0.00	\$27.11	\$27.11	\$0.00
Suzanne M Calhoun 304 Pointe Loma Blvd Lake Saint Louis MO 63367	\$0.00	\$315.19	\$315.19	\$0.00
Joseph Niswonger 787 Vail Dr Jackson MO 63755	\$0.00	\$15.59	\$15.59	\$4.33
Constance R Walker 217 Bradford Pl Richland MS 39218	\$0.00	\$29.96	\$29.96	\$0.00
Richard D Schooley 563 Ballas Park Dr Saint Louis MO 63122	\$0.00	\$29.98	\$29.98	\$0.00
Susan Fontana Flynn 8814 Eagle Pointe Dr Knoxville TN 37931	\$0.00	\$1,833.46	\$1,833.46	\$0.00
Lagene Hutchings 7500 Lester Road Union City GA 30291	\$0.00	\$47.53	\$47.53	\$0.00
John W Niswonger 525 County Road 233 Cape Girardeau MO 63701	\$0.00	\$15.59	\$15.59	\$1.34
Demos Ginakes 1020 W Intl Spwy Blvd Ste 102 Daytona Beach FL 32114	\$0.00	\$0.56	\$0.56	\$0.00
Cyd M Wyatt 1011 N 49th Ave Omaha NE 68132	\$0.00	\$39.33	\$39.33	\$0.00
Barry W Maas 1272 W Moraga Rd Fresno CA 93711	\$0.00	\$249.47	\$249.47	\$71.47

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
Dennis L Humphrey 3114 Brookhaven Ct Deer Park TX 77536	\$0.00	\$18.12	\$18.12	\$0.00
Debra Jean Humphrey 1325 Mardi Ln Houston TX 77055	\$0.00	\$239.80	\$239.80	\$0.00
Dale T Butler 6813 W 156th Ter Overland Park KS 66223	\$0.00	\$2.36	\$2.36	\$0.00
Advanced Benefit System Inc 145 River Landing Dr Unit 203 Daniel Island SC 29492	\$0.00	\$17.12	\$17.12	\$21.39
Janelle R Hayes 3005 S Tamarack Ave Broken Arrow OK 74012	\$0.00	\$4.31	\$4.31	\$0.00
Erica Terek 803 Sledd Creek Rd Gilbertsville KY 42044	\$0.00	\$1.30	\$1.30	\$0.00
William Richard Kyzer 8211 Gordon Ln Hermitage TN 37076	\$0.00	\$2,927.17	\$2,927.17	\$309.88
Dana Marie Mowatt 23701 S Western Ave Spc 112 Torrance CA 90501	\$0.00	\$179.29	\$179.29	\$0.00
Jesse Mcdaniels 83 Propst Rd Candler NC 28715	\$0.00	\$0.52	\$0.52	\$0.00
Mark John Kanitra 1009 S Rising Sun Ct Anaheim CA 92808	\$0.00	\$5.70	\$5.70	\$0.00
Wendy Dawn Pack 16109 Watt Way Ramona CA 92065	\$0.00	\$1,098.45	\$1,098.45	\$0.00
Theresa Netto Phillips 6219 S Clara Ave Fresno CA 93706	\$0.00	\$249.47	\$249.47	\$31.81
Brian Cohen 6804 N Cptl Tx Hwy Apt 221 Austin TX 78731	\$0.00	\$9.48	\$9.48	\$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
Dawn Renee Morgan 6413 Dunmoor Dr Plano TX 75093	\$0.00	\$2,303.68	\$2,303.68	\$208.81
Mcgriff Insurance Services Inc 3605 Glenwood Ave Ste 201 Raleigh NC 27612	\$0.00	\$482.62	\$482.62	\$0.00
Glenn Zimmerman Inc 1510 High Rock Rd Gibsonville NC 27249	\$0.00	\$13.57	\$13.57	\$0.00
Benefit Communication Specialists 8 Caretakers Ln Savannah GA 31404	\$0.00	\$19.43	\$19.43	\$0.00
Sante Concepts Inc 94 Bartlett Way Dallas GA 30157	\$0.00	\$6.54	\$6.54	\$0.00
David Sparks Purvis 3840 Saddle Bnd Olive Branch MS 38654	\$0.00	\$684.67	\$684.67	\$0.00
Beverly Taylor Po Box 720669 Byram MS 39272	\$0.00	\$8.56	\$8.56	\$0.00
James Michael Emidy Po Box 2021 Ridgeland MS 39158	\$0.00	\$46.36	\$46.36	\$0.00
Melissa A Koll 216 Climax Dr Dillon CO 80435	\$0.00	\$136.30	\$136.30	\$0.00
Jennifer Rose Smith 4920 W San Rafael St Tampa FL 33629	\$0.00	\$2.67	\$2.67	\$0.00
Tully And Company Inc 1926 Stone Bridge Ln Marietta GA 30064	\$0.00	\$176.11	\$176.11	\$0.00
Celiflora Thompson 4454 Terra Corvo Ct Merced CA 95348	\$0.00	\$3,579.07	\$3,579.07	\$390.25
Maria Veronica Jarque 542 Hosmer St El Cajon CA 92020	\$0.00	\$8,816.13	\$8,816.13	\$721.47

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
Willis Towers Watson Southeast Inc 1120 S Tryon St Ste 650 Charlotte NC 28203	\$0.92	\$222,406.88	\$222,407.80	\$0.00
Benefit Enrollment Services Inc 210 Carden Ave Nashville TN 37205	\$1.42	\$86,108.73	\$86,110.15	\$25,691.37
Jan Hejret 644 N 17th St San Jose CA 95112	\$0.00	\$3.35	\$3.35	\$10.21
Sabrina Kaye Lynch 1208 Dexford Dr Austin TX 78753	\$0.00	\$8.01	\$8.01	\$0.00
Rookis Agency Inc 2820 Columbiana Rd Birmingham AL 35216	\$0.00	\$7.45	\$7.45	\$0.00
Omar Mendoza 26326 Rockwall Pkwy New Braunfels TX 78132	\$0.00	\$177.23	\$177.23	\$0.00
Manuel Fuentes 63 Mariposa Pkwy W Boerne TX 78006	\$0.00	\$34.54	\$34.54	\$0.00
Tilton Associates Inc 9840 W Notch Path Crystal River FL 34428	\$0.00	\$17.06	\$17.06	\$0.00
Bsk Benefits Plus Llc 205 Pinecrest Dr Covington LA 70433	\$0.00	\$1.59	\$1.59	\$0.00
Ark Assurance Grp Inc Po Box 7280 Tyler TX 75711	\$0.00	\$13.74	\$13.74	\$0.00
Klh Insurance Inc 886 Poplar Ln Watertown MN 55388	\$0.00	\$0.39	\$0.39	\$0.00
The Barbour Shoppe Inc 2383 Federal Rd Benson NC 27504	\$0.43	\$438.29	\$438.72	\$1,986.65
Benefit Solutions Group Inc 4021 Saint Germaine Ct Louisville KY 40207	\$0.00	\$134.43	\$134.43	\$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
Estate William Quintell Carter C/O Reginald Carter Round Rock TX 78664	\$0.00	\$2.16	\$2.16	\$0.00
Lvi Benefits Services Llc 2985 Surrey Ridge Rd Clarksville TN 37043	\$0.00	\$1,031.35	\$1,031.35	\$0.00
Genwil Benefits Group Llc 2163 W Village Dr Phoenix AZ 85023	\$0.00	\$5.90	\$5.90	\$0.00
Essential Oil Joy 2909 S Harper Valley Way Ridgefield WA 98642	\$0.00	\$2,666.54	\$2,666.54	\$95.94
Jm Tamer & Co 6500 Papermill Dr Ste 201 Knoxville TN 37919	\$0.00	\$29.31	\$29.31	\$0.00
Ballard Financial Llc 17441 Madison St Southfield MI 48076	\$0.00	\$7,259.42	\$7,259.42	\$615.89
Swidpro Llc 3316 Singleleaf Ln Raleigh NC 27616	\$0.00	\$0.69	\$0.69	\$0.00
Clarice D Lewis Llc 8631 Stoneface Rd Charlotte NC 28214	\$0.00	\$7,702.05	\$7,702.05	\$0.00
Pam Enterprises Inc 28 56th Street Gulfport MS 39507	\$0.00	\$39.57	\$39.57	\$0.00
Worksite Benefits Group Inc 112 Nw 114th St Vancouver WA 98685	\$0.00	\$393.56	\$393.56	\$1,184.41
1St Choice Direct Insurance Group L 500 Avalon Way Brandon MS 39047	\$0.00	\$10.44	\$10.44	\$0.00
National Enrollment Partners Llc C/O Natl Enrollment Partners Cranston RI 02920	\$0.00	\$238.93	\$238.93	\$261.12
Benefoundry Inc 3013 Large Hop Ln Antioch TN 37013	\$0.00	\$516.88	\$516.88	\$219.35

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	\$17.02	\$834,928.78	\$834,945.80	\$111,476.60

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

