

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 ELM WELFARE BENEFIT PLAN
1b	Three-digit plan number (PN) ▶ 510
1c	Effective date of plan 01/01/2002
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) EMPLOYEE LIABILITY MANAGEMENT, INC. 210 S. WASHINGTON AVE. MOBILE, AL 36602
2b	Employer Identification Number (EIN) 63-1249564
2c	Plan Sponsor's telephone number 251-470-0700
2d	Business code (see instructions) 561300

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.	08/25/2026	JOSEPH COLLINS
	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 1377
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) 1377 6a(2) 2190 6b 0 6c 0 6d 2190 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

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 ELM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-1249564

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
BLUE CROSS BLUE SHIELD OF ALABAMA

(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
63-0103830	55433	71489	2190	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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) ▶ **BABY YOURSELF, AIRMED**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1087954	
(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)	1087954
b Benefit charges (1) Claims paid	9b(1)	908113	
(2) Increase (decrease) in claim reserves	9b(2)	-23300	
(3) Incurred claims (add (1) and (2))		9b(3)	884813
(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)	147836	
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)	14521	
(F) Charges for risks or other contingencies	9c(1)(F)	24873	
(G) Other retention charges	9c(1)(G)	-10260	
(H) Total retention		9c(1)(H)	176970
(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)	81900
(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	1087954
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 ELM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ►	510
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-1249564	

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 USABLE LIFE					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0505232	94358	50043104	917	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 5986	(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 ABLE BENEFIT SOLUTIONS P.O. BOX 11407 DEPT 2142 BIRMINGHAM, AL 35246-2142

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5986			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)		
(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	40119
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 ELM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-1249564

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 COMPANION 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
57-0523959	77828	20805S6042	29	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 3958	(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	
DUSTIN THOMPSON	21845 LANDRY LANE FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3401			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
GIS BENEFITS INC.	422 WAUPONSEE ST MORRIS, IL 60450

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
557			3

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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)		
(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	8642
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 ELM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ► 510
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE LIABILITY MANAGEMENT, INC.	D Employer Identification Number (EIN) 63-1249564

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	V6862	333	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 47041	(b) Total amount of fees paid 2383
---	---------------------------------------

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	
ANN HARTWELL	PO BOX 247 DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11171	589	FEES AND COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
VICTORIA R. MCVAY	711 NATCHEZ TRAIL CT MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6299	268	FEES AND COMMISSIONS	3

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

SARAH Y. ZACCARO

P O BOX 91531
MOBILE, AL 36691

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5403	322	FEES AND COMMISSIONS	3

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

HALEY NOBLES

5655 APACHE DR
SATSUMA, AL 36572

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2971	553	FEES AND COMMISSIONS	3

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

BOZEMAN ENTERPRISES

9052 BROOKSIDE LN
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2568	0	COMMISSIONS	3

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

JACOB YOUNCE

108 MEADOW CIR
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1929	239	FEES AND COMMISSIONS	3

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

MIRANDA M. WILDER

108 MEADOW CIRCLE
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1929	239	FEES AND COMMISSIONS	3

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

TATOM ENTERPRISES LLC

200 QUAIL HOLLOW DR
ATOKA, TN 38004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1410	0	COMMISSIONS	3

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

OSCAR D. ALMEIDA

7009 CHARLESTON OAKS DR S
APT C2
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1052	0	COMMISSIONS	3

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

SAIC INC

1639 BRADLEY PARK DR
ST 500 BOX 358
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
937	0	COMMISSIONS	3

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

FRANK RONALD GRIFFINT JR

PO BOS 233
8601 GARRETT RD
MIDLAND, GA 31820

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
851	0	COMMISSIONS	3

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

JOHN V. JONES JR

9499 THOROUGHbred RUN
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
608	115	FEES AND COMMISSIONS	3

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

COASTAL WORKPLACE BENEFITS LLC

4222 MARDEN WAY
MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
697	0	COMMISSIONS	3

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

RONALD EUGENE WALLACE

PO BOX 1355
BAY MINETTE, AL 36507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
650	0	COMMISSIONS	3

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

DELTON STEINER

5161 SOUTHERN OAKS TRL
GRAND BAY, AL 36541

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
600	0	COMMISSIONS	3

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

KARA BLAKE CROPP

3430 RIVER ROAD
THEODORE, AL 36582

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
577	0	COMMISSIONS	3

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

PETE CANARELA

18972 HIGHLAND DRIVE
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
406	24	FEES AND COMMISSIONS	3

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

JOHN E. CARTER III

902 MEADOWS CT
PINE MOUNTAIN, GA 31822

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
406	0	COMMISSIONS	3

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

FRED H. CURTICE III

PO BOX 220
FOLEY, AL 36536

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
320	0	COMMISSIONS	3

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

SUPPLEMENTAL SPECIALISTS INC.

PO BOX 1173
BLAIRSVILLE, GA 30514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
258	0	COMMISSIONS	3

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

JENNIFER LYNN CLARK

9521 BEVERLY ROAD
IRVINGTON, AL 36544

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
256	0	COMMISSIONS	3

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

CURTIS HORTON

6808 BRIARGROVE CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
226	0	COMMISSIONS	3

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

MORGAN CHEYENNE ERDMAN

392 FOXLEY RD
APT A
ANNISTON, AL 36205

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
222	0	COMMISSIONS	3

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

SHANE TODD HOHLER

9528 MCRAE PLACE CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
193	13	FEES AND COMMISSIONS	3

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

HANNAH S. GOLDMAN

PO BOX 1061
CHATOM, AL 36518

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
189	17	FEES AND COMMISSIONS	3

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

JENNIFER A CHAPPELL

8225 BLUE RIDGE PL
SEMMES, AL 36575

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
205	0	COMMISSIONS	3

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

FRANCINE A. CHRITIANSON

240 VILLA ROAD
BRUNSWICK, GA 31525

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
182	0	COMMISSIONS	3

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

ASHLEY CROOK

3187 ESSEX PLACE DR
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
164	0	COMMISSIONS	3

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

DAVID N. DAVIS

15760 COUNTY ROAD 32
ANDALUSIA, AL 36420

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
155	0	COMMISSIONS	3

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

HOLLY ADAMS BUTCHER

1149 CREIGHTON ROAD
STE 1
PENSACOLA, FL 32504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
153	0	COMMISSIONS	3

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

MICHAEL WEAVER

PO BOX 51422
MYRTLE BEACH, SC 29579

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
150	0	COMMISSIONS	3

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

JONATHON E. POINTER

9224 THOROUGHbred LANE
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
146	0	COMMISSIONS	3

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

GWENDOLYN WASHINGTON

260 OAK DRIVE
MOBILE, AL 36617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
145	0	COMMISSIONS	3

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

TRACY ELY

2390 INDIAN RIDGE ESTATES DR
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
145	0	COMMISSIONS	3

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

CHARLES W. VINES JR

1203 CREEK BRIDGE ROAD
PENSACOLA, FL 32514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
136	0	COMMISSIONS	3

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

DEBORAH C. WILLIS

PO BOX 1173
BLAIRSVILLE, GA 30514

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
133	0	COMMISSIONS	3

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

SANDRA K. JACKSON

304 RIVERBEND DR
MOBILE, AL 36605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
131	0	COMMISSIONS	3

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

BRIAN VINCENT ANDREWS

5728 TAMARACK DR
PACE, FL 32571

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
125			3

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

BRIAN S. LOWE

4510 LEETH GAP ROAD
BOAZ, AL 35956

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
124			3

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

MICHAEL FOWLER

335 E. MAIN ST
STE B1
TUPELO, MS 38804

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
123			3

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

RANDALL B. BEDWELL

PO BOX 733
JACKSON, MS 36545

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
118	4	FEES AND COMMISSIONS	3

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

CHARLES W. HINKLE JR.

6416 FALCONWOOD CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
115			3

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

LORRI STEMBRIDGE LLC

5144 OAKTREE DR
MACON, GA 31210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
106			3

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

BAILEY MCDADE WHITSETT

735 SINGLEY RD
SILAS, AL 36919

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
105			3

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

SCHERETTA CUNNINGHAM

3661 AIRPORT BLVD
APT 323
MOBILE, AL 36608

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
105			3

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

DEMETRIUS INGE

1810 LACEY ST
MOBILE, AL 36617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
95			3

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

REBECCA ROBBINS

1120 HILLCREST RD STE 2L
ST 500 BOX 358
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
89			3

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

JENNIFER BETTIS

52 BORDER CIR E
MOBILE, AL 36608

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83			3

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

LEIGH ANNE WHITE

2533 REDFORD DR
CANTONMENT, FL 32533

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

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

ANNA G. FAGGARD

732 DOWNTOWNER LOP W
STE 202
MOBILE, AL 36609

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
71			3

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

MEGAN R. WELLS

1260 DAUPHIN ST
MOBILE, AL 36604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
70			3

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

SHARON E. CADLE-MCDILL

830 EDISON DR
ANNISTON, AL 36201

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
68			3

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

ERIC J. PULLEN

2337 HUFFMAN DRIVE
MOBILE, AL 36693

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67			3

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

EILEEN MARIE STILLWELL

3252 MARICOPA DR
COLUMBUS, GA 31907

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64			3

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

GEORGE M. FERNIANY

690 JOHNSON AVE
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
63			3

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

NATALIE D. RYAN

13 WHITEHALL LNDG
MYSTIC, CT 06355

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
62			3

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

MICHAEL S. MASKILL

188 RIDGEWOOD DR
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59			3

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

RACHEL ROBBINS

9170 AZALEA RUN CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56			3

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

JASON B. WEST

1701 BASS RD STE 200
MACON, GA 31210

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52			3

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

JENNIFER D. WARTHEN

6913 D AND B LN
WING, AL 36483

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
52			3

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

MELISSA H. TYLER

P O BOX 1723
ORANGE BEACH, AL 36561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

JOHN TODD LEE

322 FARMHOUSE RD
ELLERSLIE, GA 31807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
48			3

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

BENJAMIN J. JOHNSON

9526 BEAR CREEK ROAD
STERRETT, AL 35147

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

SHONA M. HICKS

2308 HALEY CT
OPELIKA, AL 36801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

JAMES S. WARD

106 MADISON VILLAS WAY
MADISON, AL 35758

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
46			3

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

ALISHA MUNGER JENKINS

9515 BRISTOW CT
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41			3

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

ERIN C. TOMLINSON

278 DRURY LN
ALBERTVILLE, AL 35950

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41			3

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

ALICE E. COMBS

416 GREVE RD
PENSACOLA, FL 32507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

MICHAEL S. MASKILL

12339 RIVER CREEK ROAD
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40			3

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

RICHARD ALAN NICKELSON

112 DURBY LN
FOLEY, AL 36535

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37			3

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

MELANIE H. KELLEY

8617 WALL TRIANA HWY
HARVEST, AL 35749

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

GEORGE C. WALLACE

PO BOX 1355
BAY MINETTE, AL 36507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33			3

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

GENE ALLEN CHRISTIANSON

240 VILLA RD
BRUNSWICK, GA 31525

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32			3

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

KELVIN MICHAEL RICE

623 WESTBROOK RD
DOTHAN, AL 36303

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31			3

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

ALLISON ELIZABET SMITH

7121 OAK COVE DR
BILOXI, MS 39532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30			3

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

SANDI S. LANZA

12106 RETREAT LN
BIRMINGHAM, AL 35242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

CAROL LYNN TATOM

200 QUAIL HOLLOW DRIVE
ATOKA, TN 38004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

STAN A. SHERLIN

773 TOWN LAKE DR
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

HUB INTERNATIONAL MIDWEST LIMITED

203 N LA SALLE ST
STE 20
CHICAGO, IL 60601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29			3

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

KATLYN SESERA

9338 SANIBEL LOOP
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27			3

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

JASON L. WEEKS

14680 COUNTY ROAD 481
VAN ALSTYNE, TX 75495

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

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

DAVID S. JESSE

11962 HOMETOWN PL
ORLANDO, FL 32832

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

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

THOMAS W. BABINGTON

30330 ONO NORTH LOOP W
ORANGE BEACH, AL 36561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

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

GARY A. SPANRAFT

218 VISTA RIDGE DR
DELAWARE, OH 43015

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

COMBINED INSURANCE SERVICES OF N FL

1403 BELMONT ST
PENSACOLA, FL 32501

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20			3

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

WILLIAM L. AMOS & CO INC.

7100 STILLWATER DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19			3

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

JOE A. RODGERS

PO BOX 18777
CORPUS CHRISTI, TX 78480

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

ALAN B. BISHOP

1952 BLAKE BOTTOM ROAD
HUNTSVILLE, AL 35806

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

CHARLES SUMMERS

45 LECH WEG
HELEN, GU 30545

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

SHANNON D. NOEL

4305 BORDEN AVENUE
MOBILE, AL 36619

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

DEREK R. MANN

163 LEE ROAD 2151
VALLEY, AL 36854

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

BRIAN E. HICKS

2739 AMERICAUS DR
THOMPSONS STATION, TN 37179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16			3

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

ROBERT G. WALLACE

40708 COUNTY ROAD 39
BAY MINETTE, AL 36507

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

JOSEPH N. MCBRIDE

121 DALTON LN
TUSCUMBIA, AL 35674

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

SHEILA N. STEWART

PO BOX 331
PORT SALERNO, FL 34992

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

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

R AND L SUPPLEMENTAL BENEFITS INC.

9526 BEAR CREEK RD
FLORENCE, AL 35631

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

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

REGINALD JACKSON

10009 PEYTON DR N
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			3

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

LOUIS CULLEN SMITH

3504 GREENWOOD DR
HERMITAGE, TN 37076

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			3

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

RONALD TERRY GILMORE

8515 LANEWOOD CIR
LEEDS, AL 35094

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			3

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

SHARON A. HACKETT

600 BEL AIR BLVD STE 234
MOBILE, AL 36606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8			3

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

BRENT LAMAR MOSLEY

1550 ERNEST DR
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8			3

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

MKF & ASSOCIATES INC.

4222 MARDEN WAY
VESTAVIA, AL 35242

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

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

AMY WARD

1207 S CEDAR AVE
DEMOPOLIS, AL 36732

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

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

BRADLEY S. BOLICK

6433 FALL BRANCH DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6			3

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

WILLIAM L. AMOS III

7100 STILLWATER DR
COLUMBUS, GA 31904

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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

LYNNE HUDGINS MOORE

8650 MINNIE BROWN RD STE 150
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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

TIMOTHY R. MAHATHEY

1108 BOB WALLACE AVE SE
HUNTSVILLE, AL 35801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5			3

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

JOHN W. AMOS

10051 VETERANS PKWY
STE B-2
MIDLAND, GA 31820

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

JOEL A. SANDERS

2165 HALCYON BLVD
MONTGOMERY, AL 36117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

C R RAMSEY POTTS

PO BOX 1016
YULEE, FL 32041

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

KIRSTEN PHILLIPS

1990 BRADBURY DR E
MOBILE, AL 36695

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

TRACY L. COCHRAN

57 LEMOYNE PL
MOBILE, AL 36604

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4			3

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

JUNE V. BOZEMAN

9052 BROOKSIDE LN
DAPHNE, AL 36526

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2			3

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

BARBARA LYNN POWELL

1532 WALNUT AVE
LAKE PLACID, FL 33852

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

JERIE L. SMITH

203 ROYAL LN
FAIRHOPE, AL 36532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

RPM LTD

PO BOX 1016
YULEE, FL 32041

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

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**

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	302437
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. ▶

Client Name	Client Federal Tax ID
LIGHTHOUSE APOSTOLIC HOLINESS CHURCH INC	63-0944912
RESEARCH PRODUCTS INC. OF ALABAMA	63-0665235
THE FRAME OUTLET	63-0910412
DAPHNE ANIMAL HOSPITAL	63-1062583
CHRISTIAN MEDICAL MINISTRY	63-1259172
THE SHOULDER OF THE CENTRAL GULF	63-0916573
MH3 PRINTING	63-1154502
VINCENT P. ARATA, DMD, PC	63-1082822
GOOD SHEPHERD CHURCH	63-1230440
R. CHRIS BONDURANT	72-1381121
DENNY MANUFACTURING CO., INC.	63-0691753
INTERNATIONAL COMMODITIES & LOGISTICS	63-1132828
DIXON'S TOTAL TOUCH CHILD DEVELOPMENT	30-0155577
MYERS OIL CO.	03-0451277
GULFBELT PROPERTIES, INC.	63-1223855
REMAX REAL ESTATE PARTNERS	33-1082219
DIGESTIVE HEALTH CENTER, P.A.	64-0654519
MITCHELL CONTAINER	63-0796558
PLANET FITNESS	11-3666303
ROYAL MANAGEMENT CO., INC.	63-1188003
CENTRAL CABINET SHOP	46-3863473
TIDE MOVING & STORAGE	72-1528579
TEAGUE BROS.	63-0419478
PAVELKA INVESTMENTS, INC.	63-1146780
TOTAL LOGISTICAL CONCEPTS	20-0785932
HUMMINGBIRD IDEAS, INC.	20-1741242
QUEZELLE ZURICHERIA HOWARD, INC.	63-1186235
B & W SUPPLY, INC.	63-0845054
CLIMATEMP COOLING & HEATING, INC.	63-0943279
STEPHANIE'S FLOWERS	63-1003510
OPTICAL DIMENSIONS, INC.	63-1213972
BUSINESSWARE SOLUTIONS	63-1188385
SAMUEL L. JOHNSON, DDS, PC	63-1184096
THE GIFT SPOT	63-1202858
BLESSED BEGINNINGS CHILD DEVELOPMENT	63-1246061
SE & ASSOCIATES MANAGEMENT GROUP	20-4850394
CHEER FORCE ONE	32-0172635
HAYES MARTIAL ARTS, INC.	20-0060241
WATCH ME GROW DEVELOPMENT CENTER	20-3872227
BIG CHARLIES PRODUCE COMPANY, LLC	11-3831766
GAMEHENDGE, INC.	80-0008378
BAY CITY PAINT & BODY, INC.	63-1273509
JKR ENTERPRISES D/B/A JUDY'S PLACE	45-0596749

HIPPY CLARKE COUNTY	26-3207175
BELOTE FOODS, LLC	22-3883650
BAMA FITNESS, INC	26-4277560
VICTORY HEALTH PARTNER	63-1260841
PILGER INSURANCE	20-4142780
M J PRODUCTS, INC. (THE COPPERSMITH)	26-4451403
LITTLE CAESERS PIZZA	27-1404922
HARTS ALL SERVICE, INC.	20-1903035
COBALT THE RESTAURANT, LLC	26-3797006
COSMO'S RESTAURANT & BAR, INC	20-4549891
CARA & COMPANY	27-4834450
COMPASS URGENT CARE, LLC	27-4616706
TRENCHLINE CIVIL, LLC (GRANT NICHOLS)	20-5004569
MOBILE PEDIATRIC CLINIC	45-4575453
EASTERN SHORE MEDICAL WEIGHT LOSS, LLC	26-2242698
BSM, INC.	63-1236552
COX LOUISIANA MANAGEMENT, LLC	45-4058381
SOUTHERN SUN LAUNDRY	27-2294268
IET SYSTEMS, INC.	45-4976441
ADVANCED DENTAL COMFORT	46-2349244
JAMES A. WHATLEY, LLC	30-0066254
MOBILE BAY REPORTING	20-2405319
PAUL BRIDGES & ASSOCIATES, LLC	46-1690954
PRO 1 PAINTERS, LLC	46-2057534
FLEET FILTERS	20-5628411
THE ATHELSTAN CLUB	63-0011810
CHARTER TIRE, LLC	56-2378440
BARBER FACIAL PLASTIC SURGERY, P.C.	20-0317225
MULHERIN CUSTODIAL HOME	63-0388323
ALL OVER JANITORIAL SERVICES, INC.	26-2245491
C & M VITAL CARE	63-1054472
VIA FITNESS	63-0590039
THE HISTORY MUSEUM OF MOBILE	63-0522243
Coastal Dermatology & Skin Care Center	47-1034054
PARK & REBOWE CLINIC FOR PLASTIC SURGERY	26-3214330
NEW GENERATION CHURCH	20-2424091
DAVID SHANE WELCH DMD PC	46-5419512
SUNSET POINTE	46-5593777
AMERICAN AUTISM & REHABILITATION CENTER	27-4537001
VALERIE MUSIAL DMD	63-1264641
SPRINGHILL RESTAURANTS	20-8363352
A EVANS CROWE, LLC	63-1196055
TR MANSFIELD LLC	47-4596199
IET SECURITY & AUTOMATION, INC.	47-3902058

TRIPLE C PACKAGE STORE	47-3834634
S. BAKER MEDICAL	26-0015059
PRIDEFAM BUSINESS VENTURES, LLC	47-5630523
MIMS HOME FURNITURE & MORE	47-5493562
GROWING DESIGNS, LLC	26-4616601
EASY SHUTTER SERVICES, LLC	81-1349243
EASTERN SHORE INFLATABLES, INC.	26-2844609
SOUTH ALABAMA VOLUNTEER LAWYERS PROGRAM	68-0550595
SHILOH SEWING, LLC	27-3259981
LUNA'S EAT & DRINK, INC.	46-5006127
BUZZCATZ	46-5006302
MS CENTER FOR AUTISM & RELATED DEV. DIS.	20-4797999
METAL BROTHERS HOT RODS, LLC	47-3079315
OGDEN & EPKER, LLC	42-1545065
DEBBIE'S SCHOOL OF DANCE, INC.	63-0854220
DUNKIN DONUTS	38-4014170
ROWE PLUMBING & IRRIGATION, LLC	46-0782651
WHITE SANDS RV, LLC	26-0846707
GT'S ON THE BAY	46-1051388
ROOTMAKER PRODUCTS COMPANY LLC	63-1246945
MCCRANIE MARTIAL ARTS	82-1485080
EAST BAY FITNESS	81-4642842
L&K CONSTRUCTION, LLC	03-0565445
PATT BRANYON AGENCY	63-1205630
FAIRHOPE UNITED METHODIST CHURCH	63-0419686
STATE BEAUTY SUPPLY (HOLLAND'S)	63-1197298
ROYAL RASP, INC. - HEROES SPORTS BAR & GRILLE	38-3728682
RASP, INC - HEROES SPORTS BAR & GRILLE	63-1210520
WESTERN RASP - HEROES SPORTS BAR & GRILLE	27-4166205
PINNACLE MEDICAL	82-3032538
HOMETOWN FURNITURE OF PASCAGOULA	82-1551040
ADVANCED INTEGRATED SECURITY, LLC	45-5516239
OCEAN SPRINGS WEIGHT LOSS CENTER	27-2568126
LODA BIER GARTEN	45-5473896
ALLEGRI FARM MARKET	33-1016348
JAGUAR CLEANERS, INC.	63-0938692
ANKERS SUBSEA, LLC	90-0691698
CHEROKEE RIDGE COUNTRY CLUB	83-0643866
FIVE GUYS	83-0552532
TACO MAMA	38-4021612
FIELD IN BLOOM, INC.	63-1243844
GRAYSON AIR CONDITIONING, INC.	63-0960188
FRST/SHAMROCK SERVICES	30-0583951
PELC TIRE & SERVICE	83-1347857

GARNER LAWN & CONSTRUCTIONS, LLC	82-4482775
HUB CITY SERVICE CENTER, INC.	20-8147887
BAMA FITNESS II, INC	82-5428366
CENTRAL ALABAMA BEAUTY SUPPLY	63-1197298
MOE'S SOUTHWEST GRILL	47-2657626
SOUTHERN VIEW MEDIA, LLC	81-0815029
A & W Lighting Corporation	63-0808857
KRISPY KREME	62-1753667
DEARBORN YMCA	63-0302188
BAY PEDIATRIC AND ADOLESCENT DENTISTRY	20-2455551
MOMENTUM TECHNOLOGIES, INC.	27-3002569
KANO PERFORMANCE	83-4305251
GULF SOUTH ASPHALT	82-1123634
GUNCLES, LLC	81-4083642
SOUTHERN VISIONS, LLP	20-0368625
MOE'S ORIGINAL BAR B QUE	90-0893902
HONEST AIR, LLC	81-0807445
BUBBLE AND BRUNCH	84-2366031
WINTZELL'S OYSTER HOUSE	46-1056672
PJ'S COFFEE OF NEW ORLEANS	83-4010201
RANSOM MINISTRIES	45-1485727
MANDY'S CLEANING SERVICE	46-2844350
ALABAMA GAME CHANGERS	47-2560196
GRACEPOINT HOME CARE, LLC	85-2520159
JUBILEE INSULATION	85-3242423
TACO MAMA BALDWIN, LLC	85-1554877
NORTHPORT FITNESS, INC	83-4540328
HOLIDAY INN EXPRESS	20-0908037
SOUTH BALDWIN PODIATRY	63-1273583
CAPITAL BELTWAY ENVIRONMENTAL, LLC	46-1047344
PEIR	83-1178424
PANINI PETE'S	20-4171134
SQUID INK	45-3192698
SHARESAFE SOLUTIONS, LLC	90-1002600
ROTO-ROOTER PLUMBERS	63-0983624
SOUTHERN GREASE HAULING, INC.	46-0539789
PP HOSPITALITY GROUP, LLC	86-2015399
PELC TIRE & SERVICE DAPHNE	86-1304617
SOUTHERN EDGE LAWN CARE AND LANDSCAPE, LLC	83-1494758
PINEBROOK SERVICES, LLC	86-3967558
GNG PLUMBING, INC	63-1022769
ADVANTAGE IT MANAGEMENT	47-2775738
CRESCENT CONSTRUCTION AND DEVELOPMENT, INC	26-2602539
DOOR SPECIALISTS, INC.	83-0802065

THE RAVENITE PIZZERIA	48-1277889
HART'S FRIED CHICKEN	63-0635417
LITTLE CAESARS	27-3285479
DANHART, LLC	87-4089986
RJ WAGNER & SONS, LLC	88-2082055
JUBILEESCAPE	92-0197782
COMMUNITY SECURITY SERVICES, LLC	27-1307119
FOWLER OIL COMPANY, INC	63-0793745
MCKEMIE PLACE INC.	27-1716993
CHEMSTATION GULF COAST	81-4337576
SAAS ENTERPRISES, LLC	90-0948932
LAWN GUARD SERVICES, LLC	86-1827721
SOUTHERN ALABAMA INSURANCE, LLC	81-0854739
EXPRESS OIL CHANGE	27-4476227
STEPHEN'S COUNSELING, LLC	47-5479685
GRAND BAY PREPARATORY ACADEMY OF SUCCESS	85-0760769
THE WATERFRONT	88-4275895
LOVE OF GOD PENTECOSTAL HOLINESS CHURCH, INC	63-1283767
THE WELLNESS COLLECTIVE	92-2872876
FOOD HALL	88-2031525
RED FLAG MONTGOMERY	93-1768471
TACO MAMA WEST MOBILE, LLC	92-2161350
TROPICAL SMOOTHIE (B. BUTLER)	88-0831644
JOHN RAND HANDYMAN SERVICES, LLC	87-4581662
LASER COPY / BLESSINGS	63-1035402
ZEBRA MARKETING CORP	62-1820726
THE ADOPTION AND FOSTER CARE CLINIC	99-0511349
GREEN HEALTH LABORATORIES, LLC	99-3806207
ALPHAGRAPHICS BIRMINGHAM	92-3790576
TROPICAL SMOOTHIE CAFE (C SCOTT)	993734773
PINK ZEBRA MOVING, LLC (CORPORATE)	85-3791247
SOUTH ALABAMA ELECTRIC COMPANY. INC.	63-0901156
MCCONAGHY HOME MEDICAL, LLC	46-5291153
DANCO SERVICES INC.	83-3863887
VIP PLUMBING, LLC	33-2301417
PINK ZEBRA MOVING - CHARLOTTE	33-2342044
CTL MOBILE, LLC	33-2130537
GULF ALUMINUM, INC.	85-1465509
CALAGAZ PRINTING	82-5323810
DELTA MARSH OUTFITTERS	99-4102617
SOUTHWELD / HEAVY HITTERS	92-1832501
WINSTON MACHINERY & EQUIPMENT CO INC	06-1819830
REEHLCO LLC	47-4930094
PSYCHOLOGICAL EVALUATIONS NETWORK LLC	87-1291919

UMS METAL FABRICATORS INC	20-4759851
APEX RETIREMENT SOLUTIONS	41-4133656
PINK ZEBRA OKLAHOMA CITY	88-4288272
COR WELLNESS	20-2412399
AUBURN UNIVERSITY CLUB	41-3738753
ALL BALDWIN CLEANERS	42-3197317
IMMEDIATE CARE OF FOLEY	42-2810595
IMMEDIATE CARE OF THE SOUTH	42-2901259
G.G. PORTABLES, INC.	68-0586806
MELLOW MUSHROOM	73-1656605
OAK PARK CHURCH OF GOD	63-0822214
AL HILL BOILER SALES & REPAIR, INC.	63-0665692
B & W SUPPLY	27-3338960
CUSTOMER CONTACT SERVICES	47-2798898
GULF COAST UNDERGROUND	20-3547755
PAUL BRIDGES & ASSOCIATES, LLC	46-3764469
BAY AREA ORAL SURGERY, PC	63-0673535
MERIDIAN GLOBAL CONSULTING, LLC	27-2083993
BO WILDER CONTRACTING, INC.	45-3515472
WELLBUILT ENVIRONMENTAL SOLUTIONS, LLC	82-1957727
BLAZER BOATS	84-2946597
LCS RESTORATION SERVICES, LLC	26-3393231
ALL PHASES ARCHAEOLOGY LLC	87-2645549
FIBER TECH INDUSTRIES, LLC	81-2927264
HICKS PALLET, INC	63-1022635
SHARESAFE SOLUTIONS, LLC	90-1002600
OEC	63-0650162
WARD INTERNATIONAL TRUCKS, LLC	63-0896891
MOSS POINT CHEVRON, LLC	92-2631705
ECOVERY, LLC	26-2985579
DISTINCTIVE HOME DESIGN CENTER, LLC	83-3734963
GRAND BAY DENTAL, PC (NEW)	47-3476141
URGENT CARE 59	92-2547381
LUNSFORD ELECTRIC	20-5052023
TROPICAL SMOOTHIE FLORIDA (B. BUTLER)	88-0831644
MOSS POINT SUBWAY	92-3719676
OX KITCHEN	81-5020523
SOUTHEAST SUSTAINABILITY DIRECTORS NETWORK-SSDN	99-3624061
GRACEPOINT HOME CARE - FLORIDA	85-2520159
PRECISION ALUMINUM	33-3148867
FAITH TABERNACLE ACADEMY	74-2864395
MOBILE BOTANICAL GARDENS	23-7113031
THE WELLNESS COLLECTIVE - TEXAS	92-2872876
LEAPFROG CHILDCARE	39-2141678

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2025****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☒ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan ELM WELFARE BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 510
	1c Effective date of plan 01/01/2002
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) EMPLOYEE LIABILITY MANAGEMENT, INC. 210 S. WASHINGTON AVE. MOBILE AL 36602	2b Employer Identification Number (EIN) 63-1249564
	2c Plan Sponsor's telephone number 251-470-0700
	2d Business code (see instructions) 561300

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		8/25/24	JOSEPH COLLINS
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1,377
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1,377
a(2) Total number of active participants at the end of the plan year		6a(2)	2,190
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2,190
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4A 4B 4D 4E 4F 4H			

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
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 <u>4</u> (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 _____