

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) _____ ☐ 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 REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/2025
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) REGIS HR GROUP REGIS HR GROUP REGIS HR GROUP 10625 N KENDALL DR MIAMI, FL 33176-1510	2b Employer Identification Number (EIN) 65-1130355
		2c Plan Sponsor's telephone number 786-272-5305
		2d Business code (see instructions) 541214

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.	09/14/2026	ELISE MUNOZ
	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 4069
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) 4069 6a(2) 4069 6b 6c 6d 4069 6e 6f 4069 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 4C 4E

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 REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 REGIS HR GROUP	D Employer Identification Number (EIN) 65-1130355	

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 UNITED HEALTHCARE 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
36-2739571	79413	8160000	4069	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 192443	(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 CERTUS INSURANCE ADVISORS 10625 N KENDALL DRIVE MIAMI, FL 33176	
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
192443	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	6418191	
(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)	6418191
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	6418191
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 REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 REGIS HR GROUP	D Employer Identification Number (EIN) 65-1130355	

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
36-3560825	32395	30034592	1655	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
0	28096

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
CERTUS INSURANCE ADVISORS 10625 N KENDALL DRIVE MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	28096		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		133108
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	133108
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		0
(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	181265
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 REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 REGIS HR GROUP	D Employer Identification Number (EIN) 65-1130355	

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	822723296	394	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 65284	(b) Total amount of fees paid 5199
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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
JOSHUA BUZZARD 6848 HENDRY DR LAKEWORTH, FL 33463

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DARREN D RIDDLE 7850 AVONDALE TER HARRISBURG, PA 17112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

ANGELA UMOSELLA

30 WATERFRONT WAY
HAMMONTON, NJ 08037

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

KELLY LYNN FELDMAN

11337 NEWPORT BAY DR
BERLIN, MD 21811

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

RYAN K GOLDBERG

103 CHURCH ST
STE 3
PHILADELPHIA, PA 19106

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

JILL SCIRPO

6 WILLETT POND RD
WESTWOOD, MA 02090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

NATHAN HUMMER

5 WEBBER RD
WESTFORD, MA 01886

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

JEREMY A FELDMAN

11337 NEWPORT BAY DR
BERLIN, MD 21811

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

DAVID MORNINGSTAR

4281 BUCKSKIN WOOD DR
ELLCOTT CITY, MD 21042

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

K EARLE ABERNETHY

2902 SHERYL DR
KINSTON, NC 28504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

THOMAS R BAILEY

142 MAPLE CT NW
CHARLESTON, TN 37310

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

THOMAS BAILEY

142 MAPLE CT NW
CHARLESTON, TN 37310

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

HAROLD L STAFFORD

4930 VILLAGE GREEN DR
EL DORADO HILLS, CA 95762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

LAUREN SKINNER

1024 MOCKINGBIRD RD
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

JOSHUA MARMOR

34 HARWOOD RD
NATICK, MA 01760

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

JANE W BARNHILL

536 DOVEFIELD DR
INDIAN TRIAL, NC 28079

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

MICHAEL A ORTIZ

740 CHEYENNE LN
ELGIN, IL 60123

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

MARIA ORBE

8362 PINES BLVD
PMB 20
PEMBROKE PINES, FL 33024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

JAMES W BENCIN

11 SHELDRAKE LN
WEST PALM BEACH, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

MAUREEN E SNOW

68 WINGATE RD
HOLLISTON, MA 01746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1	0		3

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

CHRISTINA MARIA ORTIZ

7400 SW 50TH TER
STE 300
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

DANIEL P CLARK

33 LANDAU RD
PLAINVILLE, MA 02762

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

JOSEPH B MCGINTY JR

2202 CROSS CREEK RD
MACUNFGIE, PA 18062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2	0		3

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

STEPHEN M SMITH

10374 ALEXANDER MARTIN AVE
CHARLOTTE, NC 28277

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

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

DEBORAH L JONGES

PO BOX 5432
BELLA VISTA, AZ 72714

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

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

ORTS ENTERPRISES INC

920 FLORAL BANK PT
WOODSTOCK, GA 30188

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

DAVID S MORRIS

950 PENINSULA CORPORATE CIR
STE 1005
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

JACQUELINE M EBERZ

98 LAMP POST RD
NEW BRITAIN, PA 18901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

G SCOTT COOKE

2832 NE 17 AVE
WILTON MANORS, FL 33334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4	0		3

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

LARRY A WESTON JR

321 WINDSOR RD
GREENVILLE, NC 27858

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0		3

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

THOMAS B PEARSON

4450 PINE BLUFF CIR SE
SOUTHPORT, NC 28461

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5	0		3

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

BRIAN JORGE JAEGGI

2875 NW 28 ST
BOCA RATON, FL 33434

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0		3

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

RACHEL A SAPOZNIK

1100 NE 163RD ST FL 2
NORTH MIAMI BEACH, FL 33162

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0		3

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

ELIZABETH MARIA SARDINAS TORRES

8701 SW 144TH ST
PALMETTO BAY, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6	0		3

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

ARASAY LOPEZ

31401 SW 191ST AVE
HOMESTEAD, FL 33030

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7	0		3

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

MICHAEL S WITHROW

1396 BARRINGTON CIR
SAINT AGUSTINE, FL 32092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0		3

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

BEVERLY BEATTIE

3150 SW 38 AVE.
9TH FLOOR
CORAL GABLES, FL 33146

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		3

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

TALLON AND ASSOCIATES INC

PO BOX 30668
PALM BEACH GARDENS, FL 33420

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		3

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

STEVEN WILLIAM KAISER

6447 IVY SPRINGS DR
FLOWERY BRANCH, GA 30542

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		3

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

C-D FRIDAY FLATT

6592 THE HIDEOUT
LAKE ARIEL, PA 18436

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		3

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

JOSEPH H WILLIS JR

1431 NE 55TH ST
FORT LAUDERDALE, FL 33334

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9	0		3

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

GARY J BRENNAN II

4 S 2ND STREET
STE 312
POTTSVILLE, PA 17901

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0		3

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

STEPHEN W CROTTIS SR

1022 CLIFTWOOD DR
SILER CITY, NC 27344

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10	0		3

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

ELIZABETH W MANGUM

11 ALDERSGATE CT
DURHAM, NC 27705

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0		3

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

C HUDSON AND ASSOCIATES

2843 TWIN PINE RD
THOMSON, GA 30824

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0		3

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

JANET IBANEZ

5110 NEW COVENTRY CIRCLE
PORT ST LUCIE, FL 34986

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0		3

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

DAVID G BAKER

1531 SUNFLOWER FIELD PL
MATTHEWS, NC 28104

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0		3

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

MICHAEL J BUTLER

1090 13TH AVE NW
HICKORY, NC 28601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12	0		3

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

ROSE SOSA

9381 SW 130ST
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0		3

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

GREG GULDIN

526 W NICHOLAS ST
FRACKVILLE, PA 17931

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0		3

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

JAMES E BACON

25 MOUNTAIN HOME RD
LONDONBERRY, NH 03053

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0		3

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

MARIA C ORTIZ

7400 SW 50 TER STE 300
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
14	0		3

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

DE VITA B MCKENZIE

1139 IROLO ST
LOS ANGELES, CA 90006

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0		3

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

JUAN C SOSA

7875 RED RIVER DRIVE
WEST PALM BEACH, FL 33411

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0		3

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

AILEEN M KEENAN

9603 NW 36 CT
CORAL SPRINGS, FL 33065

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16	0		3

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

JV FLORIDA INSURANCE CORP

2821 N OCEAN BLVD APT 305
FT LAUDERDALE, FL 33308

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	0		3

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

JUAN C FERLINI

891 MAYBERRY ML
NEW BRAUNSFELS, TX 78130

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17	0		3

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

MICHEL SHLIMOWITZ

401 SW 4 AVE APT 1605
FT LAUDERDALE, FL 33315

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0		3

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

JAMES GRAYDON BROWN

2522 OWENS LANDING TRL NW
KENNESAW, GA 30152

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0		3

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

KENNETH E EDWARDS

PO BOX 12781
NEW BERN, NC 28561

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18	0		3

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

TALLON BENEFITS, INC

PO BOX 30668
PALM BEACH GARDENS, FL 33420

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0		3

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

ANASTASIA BARANOV

1905 CARTER MILL WAY
BROOKVILLE, MD 20833

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
19	0		3

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

FRANK ROBERT SOBOCINSK

528 SWEET BAY CIR
JUPITER, FL 33458

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0		3

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

SHERI CROOK INC

2151 COOK LANE
ALVA, FL 33920

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20	0		3

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

WEX INC

11 STOCKDALE RD
NEEDHAM, MA 02492

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21	0		3

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

LANDERS STEIN AND ASSOCIATES

4970 SW 72ND AVE
STE 107
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24	0		3

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

TERRI G MOOSE

1630 PLOUGHBOY LN
WINSTON SALEM, NC 27103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	0		3

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

DEBORAH JERZY

2650 W GOLF BLVD APT 159
POMPANO BEACH, FL 33064

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29	0		3

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

CLEFCO CORP

1801 SE BERKSHIRE BLVD
PORT ST LUCIE, FL 34952

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33	0		3

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

EDUARDO LAMAS

601 NW 10 CT
BOYNTON BEACH, FL 33426

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34	0		3

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

TIMOTHY J BADDER

452 TIFFANY OAKS WAY
BOYTON BEACH, FL 33435

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35	0		3

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

LISETTE M HERNANDEZ

8724 SW 72ND ST # 212
MIAMI, FL 33173

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39	0		3

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

MARSH & MCLENNAN AGENCY LLC

PO BOX 896620
CHARLOTTE, NC 28289

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39	0		3

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

ROBERT N DIAZ

1205 HILLSBORO MILE #203
HILSBORO BEACH, FL 33062

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40	0		3

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

SANDRA VELASQUEZ

6374 SW 22ND ST
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45	0		3

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

SUWAT ASSAWAMATIYANONT

8171 HAMPTON WOOD DR
BOCA RATON, FL 33433

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45	0		3

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

SHERILL ASHLEY HERNANDEZ

6750 N ANDREWS AVE
STE 200
FORT LAUDERDALE, FL 33309

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53	0		3

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

BENJAMIN MACKEY

515 LONG VIEW DRIVE
YOUNGSVILLE, NC 27596

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0		3

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

BENEDIKT N MASON

17 LITTLE BEAR HILL RD
WESTFORD, MA 01886

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0		3

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

RYAN SCOTT SHADEL

3100 BLUFF LN
HILLSBOROUGH, NC 27278

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0		3

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

L A D FINANCIAL CORP

13855 EMERSON ST
APT 204
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58	0		3

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

THOMPSON AND THOMPSON FINANCIAL INC

17036 FOX TRAIL LN
LOXAHATCHEE, FL 33470

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59	0		3

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

BRENDA LYNN GARRETT
1350 FRONT PL
UNIT 5102
NORTH PORT, FL 34287

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
73	0		3

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

SHIRLEY SASTRE SOUTO
560 REINANTE AVE
CORAL GABLES, FL 33156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
74	0		3

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

DIGITAL INSURANCE LLC
200 GALLERIA PKWY STE 1950
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
76	0		3

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

SARA G LOPEZ
7425 SW 129 CT
MIAMI, FL 33183

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
88	0		3

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

JEDDIDIAH K BUSBEE
5972 CRAIG RD
DURHAM, NC 27712

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
91	17		3

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

JAVIER ORTIZ

9620 NE 2ND AVE STE 203
MIAMI SHORES, FL 33138

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104	0		3

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

JACQUELINE B TIFFER

15225 SW 140 ST
MIAMI, FL 33196

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111	0		3

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

WILLIAM BAKER

1121 WEDGELAND DR
RALEIGH, NC 27615

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112	0		3

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

STEPHEN DEBELLIS

170 FRANKLIN ST
READING, MA 01867

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
112	0		3

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

SYLVIA ROSSI MONTERO

107 BLUE HARBOR DR
TAVERNIER, FL 33070

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

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

ALFRED RIETKERK

438 PISGAH PIKE
PULASKI, TN 38478

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
135	0		3

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

MICHAEL E TOUCHON

367 COLSON DR
GARNER, NC 27529

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
300	0		3

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

MARLAND D FEARRINGTON

15 SYDENHAM RD
DURHAM, NC 27713

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
660	91		3

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

CHRISTINA LEON RIVERO

9500 SW 97 STREET
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
734	0		3

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

ANA MARIA LEON

5000 SW 65 AVE
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
774	0		3

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

GARY TURNER

1 EAGLE DR
DURHAM, NC 27712

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
856	0		3

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

MARTA SASTRE

1214 COLUMBUS BLVD
CORAL GABLES, FL 33134

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1527	0		3

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

TOMAS E FLORES

7400 SW TERRACE
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1600	468		3

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

EILEEN SANCHEZ MEDINA

5790 SW 51 STREET
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3070	12		3

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

MARIA CARDENAL

10301 SW 98 AVE
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3827	481		3

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

MARIA C ORTIZ

7400 SW 50 TER STE 300
MIAMI, FL 33155

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5075	0		3

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

INGRID MARISA FARRELL

5805 SW 96TH ST
PINECREST, FL 33156

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12897	4108		3

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

CERTUS INSURANCE ADVISORS LLC

10625 N KENDALL DRIVE
MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31498	0		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	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	468178
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 REGIS HR GROUP HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 REGIS HR GROUP	D Employer Identification Number (EIN) 65-1130355	

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 METROPOLITAN 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
13-5581829	65978	0242055	7699	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 67486	(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	
CERTUS INSURANCE ADVISORS	10625 N KENDALL DRIVE MIAMI, FL 33176

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67486	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	566353
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. ▶



January 7, 2026

**Regis HR Group
10625 N KENDALL DR
Miami FL 33176**

Dear Valued Customer:

Employee Retirement Income Security Act of 1974 (ERISA)

We have enclosed information that you may need for completing the 5500 Form Schedule A. This information reflects compensation paid to your agent or consultant for the plan year that recently ended for the coverages you have with us.

We are reporting any base commissions, bonuses and other types of compensation paid in relation to the plan during the plan year. Please note that only base commissions are included in the specific calculation of your premium or administrative service fee. Bonus and other non-base commission payments are not directly included in the determination of your premium or administrative service fee. Bonus payments may be based on the recipient's combined block of business and are allocated to cases according to their contribution to the amount earned.

IMPORTANT NOTE: The enclosed information may be divided into two reports. Some customers may receive a 5500 Addendum Report in addition to the standard 5500 Schedule A report form. The 5500 Addendum Report itemizes bonus compensation and payments that were processed manually separately. **If you have received the 5500 Addendum Report as well as the standard 5500 Schedule A report form, you will need to add the amounts in the Total line of the 5500 Addendum Report to the amount found in the standard 5500 Schedule A report form.**

Should you have any questions related to this information, please contact your agent, consultant, or the UnitedHealthcare Strategic Account Executive assigned to your case.

I hereby certify that to the best of my knowledge, information or belief at this time, and based upon information provided by duly authorized personnel, the foregoing statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate.

Thank you.

Sincerely,
The United Healthcare Team

Schedule A (Form 5500) Parts I and III
Insurance Information Certified by Carrier
Department of Labor Pension and Welfare Benefits

Principal Address:
10625 N KENDALL DR
Miami FL 33176

A Name of Plan: Regis HR Group

Part I Information Concerning Insurance Contract Coverage, Fee, and Commissions

1. Coverage

(a) Name of Insurance carrier: UnitedHealthcare Insurance Company

(b) EIN: 36-2739571 (c) NAIC code: 79413 (d) Contract or identification number: 1731422

(e) Approximate number of persons covered at the end of policy or contract year: * 4,069

* If the policy holder determines that they have a more accurate count, they should use their figure.

Policy or Contract year (f) From: October 1, 2025 (g) To: December 31, 2025

2. Insurance fees and commissions paid to agents, brokers, and other persons

Totals	Total amount of commissions Paid: \$192,443.13	Total fees paid / amount: \$0.00
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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid:

CERTUS INSURANCE ADVISORS LLC
10625 N KENDALL DR
MIAMI, FL 33176-1510

(b) Amount of commissions paid: \$192,443.13 (c) Fees paid / Amount: NONE (d) Fees paid / Purpose: N/A

(e) Organizational Code: 3

Part III Welfare Benefit Contract Information

7. Benefit and contract type

(a) Health

9. Non experience-rated contracts:

(a) Total premiums or subscription charges paid to carrier: \$6,418,191.00

(b) Additional costs incurred by carrier, service, or other

Organization not reported in Part 1, item 2 above:

Specify Nature of cost: This special request report covers with the following customer number's information totaled in the premiums, commissions, and other pertinent information:

1732610, 1732625, 1732682, 1732664, 1732651, 1732733, 1732616, 1732642, 1732645, 1732635, 1732726, 1732705, 1733746, 1733747, 1733757, 1733749, 1733785, 1733784, 1733792, 1733756, 1732737, 1733768, 1733787, 1733778, 1733745, 1732656, 1732630, 1732614, 1732608, 1732669, 1732704, 1732632, 1732617, 1732646, 1732639, 1732648, 1732699, 1732606, 1732628, 1732638, 1732734, 1732679, 1732698, 1732600, 1732711, 1732633, 1732620, 1732618, 1732677, 1732670, 1732641, 1732652, 1732672, 1732598, 1732717, 1732662, 1732660, 1732742, 1732702, 1732622, 1732678, 1732700, 1732657, 1732724, 1732688, 1732719, 1732601, 1732640, 1732626, 1732706, 1732695, 1732721, 1732696, 1732735, 1732604, 1732615, 1732738, 1732619, 1732629, 1732730, 1732667, 1732658, 1732740, 1732710, 1732644, 1732691, 1732701, 1732746, 1732718, 1732732, 1732716, 1732665, 1732675, 1732744, 1732712, 1732736, 1732609, 1732599, 1732647, 1732605, 1732750, 1732749, 1732739, 1732723, 1732666, 1732612, 1732748, 1732743, 1732707, 1732659, 1732725, 1732683, 1732671, 1732694, 1732697, 1733759, 1732650, 1732668, 1732722, 1732741, 1732747, 1732684, 1732703, 1732693, 1732649, 1732653, 1732727, 1732720, 1732627, 1732680, 1732631, 1732689, 1732708, 1732623, 1732731, 1732692, 1732681, 1732661, 1732685, 1732663, 1732729, 1732602, 1733766, 1732613, 1732686, 1732674, 1732714, 1732715, 1732637, 1732690, 1732655, 1732751, 1732713, 1732624, 1732636, 1732643, 1732621, 1732654, 1732611, 1733777, 1732603, 1732607

****Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.**

Group Number	Total Premium Collected	Group Covered Count
FKU45	\$468,178.44	394
Group Address		Name of Insurance Carrier
REGIS HR GROUP		AFLAC
ATTN ELISE MUNOZ		1932 WYNNTON ROAD
10625 N KENDALL DR		COLUMBUS, GA 31999
MIAMI, FL 33176		PLAN YEAR 01/01/2025 to 12/31/2025
CONTRACT NUMBER		NAIC CODE
82-2723296		60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- CERTUS INSURANCE ADVISORS LLC 10625 N KENDALL DR MIAMI, FL 33176	\$31,498.88	\$0.00
INGRID MARISA FARRELL 5805 SW 96TH ST PINECREST, FL 33156	\$12,897.59	\$4,108.52
MARIA C ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$5,075.46	\$0.00

MARIA CARDENAL 10301 SW 98TH AVE MIAMI, FL 33176	\$3,827.30	\$481.50
EILEEN SANCHEZ MEDINA 5790 SW 51ST ST MIAMI, FL 33155	\$3,070.66	\$12.60
TOMAS E FLORES 7400 SW TERRACE MIAMI, FL 33155	\$1,600.74	\$468.90
MARTA M SASTRE 1214 COLUMBUS BLVD CORAL GABLES, FL 33134	\$1,527.39	\$0.00
GARY W TURNER 1 EAGLE DR DURHAM, NC 27712	\$856.91	\$0.00
ANA MARIA LEON 5000 SW 65TH AVE MIAMI, FL 33155	\$774.36	\$0.00
CRISTINA E LEON-RIVERO 9500 SW 97TH ST MIAMI, FL 33176	\$734.64	\$0.00
MARLAND D FEARRINGTON 15 SYDENHAM RD DURHAM, NC 27713	\$660.70	\$91.95
MICHAEL E TOUCHON 367 COLSON DR GARNER, NC 27529	\$300.36	\$0.00
- ALFRED RIETKERK 438 PISGAH PIKE PULASKI, TN 38478	\$135.53	\$0.00
SYLVIA ROSSI-MONTERO 107 BLUE HARBOR DR TAVERNIER, FL 33070	\$133.38	\$0.00

STEPHEN M DEBELLIS 170 FRANKLIN ST READING, MA 01867	\$112.16	\$0.00
WILLIAM L BAKER IV 1121 WEDGELAND DR RALEIGH, NC 27615	\$112.08	\$0.00
JACQUELINE B TIFFER 15225 SW 140TH ST MIAMI, FL 33196	\$111.00	\$0.00
JAVIER L ORTIZ 9620 NE 2ND AVE STE 203 MIAMI SHORES, FL 33138	\$104.28	\$0.00
JEDIDIAH K BUSBEE 5972 CRAIG RD DURHAM, NC 27712	\$91.53	\$17.98
SARA G LOPEZ 7425 SW 129TH CT MIAMI, FL 33183	\$88.40	\$0.00
- DIGITAL INSURANCE LLC 200 GALLERIA PKWY SE STE 1950 ATLANTA, GA 30339	\$76.80	\$0.00
SHIRLEY SASTRE SOUTO 560 REINANTE AVE CORAL GABLES, FL 33156	\$74.00	\$0.00
BRENDA LYNN GARRETT 1350 FRONT PL UNIT 5102 NORTH PORT, FL 34287	\$73.08	\$0.00
VICTORIA FERNANDEZ SASTRE 13025 SW 107TH CT MIAMI, FL 33176	\$73.08	\$0.00
- THOMPSON AND THOMPSON FINANCIAL INC 17036 FOX TRAIL LN LOXAHATCHEE, FL 33470	\$59.04	\$0.00

- L A D FINANCIAL CORP 13855 EMERSON ST APT 204 PALM BEACH GARDENS, FL 33418	\$58.44	\$0.00
RYAN SCOTT SHADEL 3100 BLUFF LN HILLSBOROUGH, NC 27278	\$56.74	\$17.98
BENEDIKT N MASON 17 LITTLE BEAR HILL RD WESTFORD, MA 01886	\$56.29	\$0.00
BENJAMIN MACKEY 515 LONG VIEW DR YOUNGSVILLE, NC 27596	\$53.88	\$0.00
SHERILL ASHLEY HERNANDEZ 6750 N ANDREWS AVE STE 200 FORT LAUDERDALE, FL 33309	\$53.16	\$0.00
SUWAT ASSAWAMATIYANONT 8171 HAMPTON WOOD DR BOCA RATON, FL 33433	\$45.67	\$0.00
SANDRA VELAZQUEZ 6374 SW 22ND ST MIAMI, FL 33155	\$45.12	\$0.00
ROBERT N DIAZ 1205 HILLSBORO MILE #203 HILLSBORO BEACH, FL 33062	\$40.56	\$0.00
- MARSH & MCLENNAN AGENCY LLC PO BOX 896620 CHARLOTTE, NC 28289	\$39.96	\$0.00
LISETTE M HERNANDEZ 8724 SW 72ND ST # 212 MIAMI, FL 33173	\$39.00	\$0.00
TIMOTHY J BADDER 452 TIFFANY OAKS WAY BOYNTON BEACH, FL 33435	\$35.94	\$0.00

EDUARDO LAMAS 601 NW 10TH CT BOYNTON BEACH, FL 33426	\$34.56	\$0.00
- CLEFCO CORP 1801 SE BERKSHIRE BLVD PORT ST LUCIE, FL 34952	\$33.72	\$0.00
DEBORAH A JERZY 2650 W GOLF BLVD APT 159 POMPANO BEACH, FL 33064	\$29.14	\$0.00
TERRI G MOOSE 1630 PLOUGHBOY LN WINSTON SALEM, NC 27103	\$27.28	\$0.00
- LANDERS STEIN AND ASSOCIATES 4970 SW 72ND AVE STE 107 MIAMI, FL 33155	\$24.72	\$0.00
- WEX INC 11 STOCKDALE RD NEEDHAM, MA 02492	\$21.64	\$0.00
- SHERI CROOK INC 2151 COOK LN ALVA, FL 33920	\$20.52	\$0.00
FRANK ROBERT SOBOCINSKI 528 SWEET BAY CIR JUPITER, FL 33458	\$20.29	\$0.00
CARMEN A FELICIANO 171 AMERICAS CUP BLVD BRADENTON, FL 34208	\$20.04	\$0.00
ANASTASIA BARANOV 1905 CARTER MILL WAY BROOKEVILLE, MD 20833	\$19.20	\$0.00
- TALLON BENEFITS, INC, PO BOX 30668 PALM BEACH GARDENS, FL 33420	\$19.12	\$0.00

KENNETH E EDWARDS PO BOX 12781 NEW BERN, NC 28561	\$18.87	\$0.00
JAMES GRAYDON BROWN 2522 OWENS LANDING TRL NW KENNESAW, GA 30152	\$18.18	\$0.00
MICHEL SHLIMOWITZ 401 SW 4TH AVE APT 1605 FORT LAUDERDALE, FL 33315	\$18.00	\$0.00
JUAN C FERLINI 891 MAYBERRY ML NEW BRAUNFELS, TX 78130	\$17.30	\$0.00
- JV FLORIDA INSURANCE CORP 2821 N OCEAN BLVD APT 305 FT LAUDERDALE, FL 33308	\$17.27	\$0.00
AILEEN M KEENAN 9603 NW 36TH CT CORAL SPRINGS, FL 33065	\$16.80	\$0.00
JUAN C SOSA 7875 RED RIVER RD WEST PALM BEACH, FL 33411	\$16.44	\$0.00
DE VITA B MCKENZIE 1139 IROLO ST LOS ANGELES, CA 90006	\$15.87	\$0.00
MARIA C ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$14.76	\$0.00
JAMES E BACON 25 MOUNTAIN HOME RD LONDONDERRY, NH 03053	\$14.53	\$0.00
GREG W GULDIN 526 W NICHOLAS ST FRACKVILLE, PA 17931	\$13.93	\$0.00

ROSE SOSA 9381 SW 130TH ST MIAMI, FL 33176	\$13.68	\$0.00
J MICHAEL BUTLER 1090 13TH AVE NW HICKORY, NC 28601	\$12.60	\$0.00
DAVID G BAKER 1531 SUNFLOWER FIELD PL MATTHEWS, NC 28104	\$12.48	\$0.00
JANET IBANEZ 5110 NW COVENTRY CIR PORT SAINT LUCIE, FL 34986	\$11.52	\$0.00
- C HUDSON AND ASSOCIATES 2843 TWIN PINE RD THOMSON, GA 30824	\$11.28	\$0.00
ELIZABETH W MANGUM 11 ALDERSGATE CT DURHAM, NC 27705	\$11.02	\$0.00
STEPHEN W CROTTS SR 1022 CLIFTWOOD DR SILER CITY, NC 27344	\$10.47	\$0.00
GARY J BRENNAN II 4 S 2ND ST STE 312 POTTSVILLE, PA 17901	\$10.16	\$0.00
JOSEPH H WILLIS JR 1431 NE 55TH ST FORT LAUDERDALE, FL 33334	\$9.92	\$0.00
C-D FRIDAY FLATT 6592 THE HIDEOUT LAKE ARIEL, PA 18436	\$9.84	\$0.00
STEVEN WILLIAM KAISER 6447 IVY SPRINGS DR FLOWERY BRANCH, GA 30542	\$9.72	\$0.00

- TALLON AND ASSOCIATES INC PO BOX 30668 PALM BEACH GARDENS, FL 33420	\$9.56	\$0.00
BEVERLY E BEATTIE 3150 SW 38TH AVE 38TH AVE 9TH FLOOR CORAL GABLES, FL 33146	\$9.12	\$0.00
MICHAEL S WITHROW 1396 BARRINGTON CIR SAINT AUGUSTINE, FL 32092	\$8.64	\$0.00
ARASAY LOPEZ 31401 SW 191ST AVE HOMESTEAD, FL 33030	\$7.08	\$0.00
ELIZABETH MARIA SARDINAS TORRES 8701 SW 144TH ST PALMETTO BAY, FL 33176	\$6.96	\$0.00
RACHEL A SAPOZNIK 1100 NE 163RD ST FL 2 NORTH MIAMI BEACH, FL 33162	\$6.96	\$0.00
BRIAN GEORGE JAEGGI 2875 NW 28TH ST BOCA RATON, FL 33434	\$5.64	\$0.00
THOMAS B PEARSON 4450 PINE BLUFF CIR SE SOUTHPORT, NC 28461	\$5.50	\$0.00
LARRY A WESTON JR 321 WINDSOR RD GREENVILLE, NC 27858	\$5.32	\$0.00
G SCOTT COOKE 2832 NE 17TH AVE WILTON MANORS, FL 33334	\$4.56	\$0.00
JACQUELINE M EBERZ 98 LAMP POST RD NEW BRITAIN, PA 18901	\$4.42	\$0.00

DAVID S MORRIS 950 PENINSULA CORPORATE CIR STE 1005 BOCA RATON, FL 33487	\$4.20	\$0.00
- ORTS ENTERPRISES INC 920 FLORAL BANK PT WOODSTOCK, GA 30188	\$4.08	\$0.00
DEBORAH L JONGES PO BOX 5432 BELLA VISTA, AR 72714	\$3.41	\$0.00
STEPHEN M SMITH 10374 ALEXANDER MARTIN AVE CHARLOTTE, NC 28277	\$3.12	\$0.00
JOSEPH B MCGINTY JR 2202 CROSS CREEK RD MACUNGIE, PA 18062	\$2.80	\$0.00
DANIEL P CLARK 33 LANDAU RD PLAINVILLE, MA 02762	\$2.68	\$0.00
CHRISTINA MARIA ORTIZ 7400 SW 50TH TER STE 300 MIAMI, FL 33155	\$2.44	\$0.00
MAUREEN E SNOW 68 WINGATE RD HOLLISTON, MA 01746	\$1.93	\$0.00
JAMES W BENCIN 11 SHELDRAKE LN WEST PALM BEACH, FL 33418	\$1.68	\$0.00
MARIA ORBE 8362 PINES BLVD PMB 250 PEMBROKE PINES, FL 33024	\$1.68	\$0.00
MICHAEL A ORTIZ 740 CHEYENNE LN ELGIN, IL 60123	\$1.68	\$0.00

JANE W BARNHILL 536 DOVEFIELD DR INDIAN TRAIL, NC 28079	\$1.56	\$0.00
JOSHUA E MARMOR 34 HARWOOD RD NATICK, MA 01760	\$1.56	\$0.00
LAUREN E SKINNER 1024 MOCKINGBIRD DR RALEIGH, NC 27615	\$1.56	\$0.00
HAROLD L STAFFORD 4930 VILLAGE GREEN DR EL DORADO HILLS, CA 95762	\$1.04	\$0.00
THOMAS R BAILEY 142 MAPLE CT NW CHARLESTON, TN 37310	\$0.96	\$0.00
K EARLE ABERNETHY 2902 SHERYL DR KINSTON, NC 28504	\$0.94	\$0.00
DAVID MORNINGSTAR 4281 BUCKSKIN WOOD DR ELLCOTT CITY, MD 21042	\$0.84	\$0.00
JEREMY A FELDMAN 11337 NEWPORT BAY DR BERLIN, MD 21811	\$0.72	\$0.00
NATHAN A HUMMER 5 WEBBER RD WESTFORD, MA 01886	\$0.66	\$0.00
JILL SCIRPO 6 WILLETT POND RD WESTWOOD, MA 02090	\$0.55	\$0.00
RYAN K GOLDBERG 103 CHURCH ST # 3 PHILADELPHIA, PA 19106	\$0.54	\$0.00

KELLY LYNN FELDMAN 11337 NEWPORT BAY DR BERLIN, MD 21811	\$0.36	\$0.00
ANGELA UMOSELLA 30 WATERFRONT WAY HAMMONTON, NJ 08037	\$0.27	\$0.00
DARREN D RIDDLE 7850 AVONDALE TER HARRISBURG, PA 17112	\$0.27	\$0.00
JOSHUA BUZZARD 6848 HENDRY DR LAKE WORTH, FL 33463	\$0.16	\$0.00
Sum:	\$65,284.43	\$5,199.43

Sales & Broker Compensation Services

March 4, 2026

ATTENTION: BELKIS MARTINEZ
REGIS HR GROUP
10625 N KENDALL DRIVE
MIAMI, FL 33176

The Employee Retirement Income Security Act of 1974 ("ERISA") requires an annual financial report on employee welfare benefit plans and pension benefit plans which cover 100 or more participants at the beginning of the plan year and are subject to ERISA. The administrator of such a plan is required to file an annual report on I.R.S./DOL Form 5500, including the accompanying Schedule A, with the Employee Benefits Security Administration.

Your Metropolitan Life Insurance Company ("MetLife") employee welfare benefit plan may be subject to ERISA's annual reporting requirements and MetLife is therefore providing you with the information needed to complete Schedule A of Form 5500. The attached report is not an actual Schedule A form and should not be attached to the Form 5500 for regulatory filing. The information should be forwarded to the person who will be completing your annual filing. The information is taken from the data MetLife maintains within its normal business records and is, to the best of MetLife's knowledge and belief, complete and accurate.

Part I, Section 2 of this report lists the compensation paid to intermediaries related to your plan. Intermediaries may include brokers, consultants, agents and third-party administrators. There are several categories of compensation that may be paid to an intermediary. For your reference, the categories of compensation are listed below.

- Base Commissions - Base commissions are generally paid to an intermediary on a monthly basis and are usually calculated as a percentage of premium. Base commissions are typically factored into the cost of the customer's plan.
- Supplemental Compensation - Supplemental compensation may be paid to qualifying intermediaries based on an intermediary's new business or total inforce premium for a specified year. It is not MetLife's practice to specifically factor supplemental compensation into the cost of customer's plan. Supplemental compensation is factored into the price structure of MetLife's institutional business products.
- Fees - Fees may include payments made to intermediaries for services such as administration, communication, enrollment, billing, eligibility, recordkeeping, printing and mailing. Fees may be directly charged to the customer's plan.
- Award - If your intermediary received an award (such as travel or a gift) from MetLife, MetLife allocated the value of the award to all plans that were considered in the qualification criteria proportionately.

Note, the non-monetary compensation amount included in the Schedule A, Fees Paid section of the enclosed report is based on the calendar year tracking of all individual gifts or items of non-monetary compensation such as dinners, tickets for shows or other entertainment events, membership dues, hotels, equal to or greater than \$10, that are given to or provided directly or indirectly to brokers, producers, and other insurance intermediaries and/or their spouses, companions or family members. This information is tracked and aggregated at the brokerage firm or company level. The total value is divided by the total number of active contracts or policies in place with that firm for that year except for items relating directly to a specific customer or customers (which are reported to the specific customer(s)). This allocation is reported on the Schedule A reports for all ERISA customers who are part of a given broker firm's book of business.

Before submitting the Schedule A with your annual report to the Employee Benefits Security Administration, in addition to the information MetLife has provided, you should enter in the Schedule the appropriate name of the plan, three-digit plan number and employer identification number in the appropriate spaces immediately preceding Part I.

You may also wish to consult with your counsel concerning any need for attaching an opinion by an independent qualified public accountant.

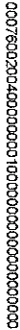
This letter, together with your copy of the complete annual report should be retained for at least the 6-year period required by ERISA.

* The Gross Dealer Concession is based on premiums received and represents the total compensation and fees paid by the Insurance Company to the selling firm for the coverage used to fund the plan. Your representative(s) received payments subject to selling agreements that they have with the selling firm. The remaining compensation is used by the distributor or selling firm to pay other expenses, including Management Compensation, Conference expenses, etc. The Gross Dealer Concession includes the Commission Paid which is listed separately. The Metropolitan Life Insurance Company attests that the foregoing statement is complete and accurate to the best of its knowledge, information, and belief.

If you have any questions please contact your MetLife Account Representative:

LERA E JONES, +1 (813)673-3625 or 800-ASK-4-MET and MetLife will assist you in obtaining this information.

MetLife appreciates your business.



Pension Benefit Guaranty Corporation

**This Form is Open to
Public Inspection.**

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V7.2 Schedule A (Form 5500) 2025

Part II

Official Use Only



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: CERTUS INSURANCE ADVISORS

Address: 10625 N KENDALL DR

City: MIAMI

ST: FL

ZIP: 33176-1510

Commissions Paid			Fees Paid			Organization
Coverage	Amount	Purpose	Coverage	Amount	Purpose	code
LIFE	62,432	Base Commissions				03
AD&D	4,602	Base Commissions				
Temporary Disability	372	Base Commissions				
Long Term Disability	80	Base Commissions				
	67,486	Sub-total		0	Sub-total	

[illegible]

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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

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 & 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) ▶ ADD									

9 Experience-rated contracts

N/A

10 Nonexperience-rated contracts

Coverage	Amount
LIFE	522,787
AD&D	38,718
Temporary Disability	3,975
Long Term Disability	873
a Total premiums or subscription charges paid to carrier	566,353
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, item 2 above, report amount	

Specify nature of costs below ▶

Footnote(s)

The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the Intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an Intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in Item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.



Schedule A Form (5500) Insurance Information

If Schedule A information is required to file a complete Form 5500 or Form 5500 C/R, information from this form must be transcribed onto IRS Schedule A (Form 5500) Insurance Information form (Cat. No. 135051) as required by federal regulation.

IF YOU HAVE QUESTIONS REGARDING THE TRANSPOSITION OF INFORMATION CONTAINED IN THIS REPORT, CONTACT YOUR INTERNAL COMPLIANCE OFFICE.

REGIS HR 1, INC.
MARC RODRIGUEZ
10625 N KENDALL DR
MIAMI FL 33176-1510

Group ID: **30034592**
Insurance Carrier: Vision Service Plan
Insurance Carrier NAIC Code: 32395
Insurance Carrier FEIN: **363560825**
Benefit Type: Vision Care
Policy or Contract Year: **01/01/2025 - 12/31/2025**

Group Legal Name and Address:

REGIS HR 1, INC.
10625 N KENDALL DR
MIAMI FL 33176-1510

Approximate Number of Persons Covered at the End of Policy or Contract Year: **1,655**

Payments:

Total Administrative Fees Paid to Carrier:	\$ 28,096.20
Total Payments Made to Carrier:	\$ 181,265.25
Total Claims Paid by Carrier:	\$ 133,108.18

Vision Service Plan hereby certifies that this statement furnished pursuant to 29 CFR 2520.103-5(c) is complete and accurate as of 01/13/2026 .

EXDM5500/ U-3909 / 30034592 / 1 / 20260113