#### 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

2022

This Form is Open to Public Inspection

Part I	Annual Report	l Identification Information						
For caler	ndar plan year 2022 or	fiscal plan year beginning	01/01/2022	and ending	12/31/2022			
A This	eturn/report is for:	a multiemployer plan		a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)				
		X a single-employer plan	a DFE (specif	• •		,		
<b>B</b> This r	return/report is:	the first return/report	the final return	n/report				
		an amended return/report	a short plan y	ear return/report (less tha	an 12 months)			
C If the	plan is a collectively-ba	argained plan, check here						
<b>D</b> Chec	k box if filing under:	Form 5558	automatic exte	ension	the DFVC program			
		special extension (enter desc	ription)					
<b>E</b> If this	is a retroactively adopt	ted plan permitted by SECURE Act se	ction 201, check here		▶ 🗍			
Part II	Basic Plan Info	ormation—enter all requested infor	mation					
	ne of plan & Sons, Inc. I	Employee Health and Wel	lfare Plan		<b>1b</b> Three-digit plan number (PN) ▶	503		
					<b>1c</b> Effective date of plan 12/01/2014	ı		
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)					<b>2b</b> Employer Identification Number (EIN) 94-2209320	on		
Huirc	& Sons, Inc.	Plan Sponsor's teleph number (916)383-4868						
	South Watt Ave	enue	CA	CA 95829  2d Business code (see instructions) 424700				
Caution	: A penalty for the late	e or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is established.			
Under pe	enalties of perjury and o	other penalties set forth in the instructi	ions, I declare that I have	examined this return/rep	oort, including accompanying schedu			
SIGN HERE				Daniel Maue				
HEKE	Signature of plan ad	lministrator	Date	Enter name of individu	ual signing as plan administrator			
SIGN HERE								
	Signature of employ	er/plan sponsor	Date	Enter name of individu	ual signing as employer or plan spon	nsor		
SIGN								
HERE	Signature of DFE		Date	Enter name of individu	ual signing as DFE			

Form 5500 (2022) Page **2** 

3a	Plan administrator's name and address 🗵 Same as Plan Sponsor			<b>3b</b> Adn	ninistrator's EIN
					ninistrator's telephone nber
4	If the name and/or EIN of the plan sponsor or the plan name has changed si enter the plan sponsor's name, EIN, the plan name and the plan number from			4b EIN	I
	Sponsor's name Plan Name			4d PN	
5	Total number of participants at the beginning of the plan year			5	300
6	Number of participants as of the end of the plan year unless otherwise stated <b>6a(2), 6b, 6c,</b> and <b>6d</b> ).	d (welfare plans c	complete only lines 6a(1),		
a(	1) Total number of active participants at the beginning of the plan year			6a(1)	299
a(2	2) Total number of active participants at the end of the plan year			6a(2)	375
b	Retired or separated participants receiving benefits			6b	2
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c.			6d	377
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits		6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>			6f	_
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	
h	Number of participants who terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only $% \left\{ 1\right\} =\left\{ 1$	multiemployer pla	ans complete this item)	7	
b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be a 4B 4B 4D 4E 4F 4Q	des from the List o	of Plan Characteristics Codes	s in the in	
9a	Plan funding arrangement (check all that apply)  (1)		fit arrangement (check all that $\overline{X}$ Insurance	at apply)	
	(1) A Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Code section 412(e)(3)	insurance	e contracts
	(3) Trust	(3)	Trust		
	(4) X General assets of the sponsor	(4)	X General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, who	ere indicated, enter the numb	er attach	ed. (See instructions)
а	Pension Schedules	b General S	<b>–</b>		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	,	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X 6 A (Insurance Infor	mation)	
	actuary	(4)	C (Service Provide		,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	<b>D</b> (DFE/Participati	ng Plan I	nformation)
	Information) - signed by the plan actuary	(6)	<b>G</b> (Financial Trans	action So	chedules)

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

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.

OMB No. 1210-0110

2022

,	,	pursuant to ERISA section 103(a)(2).				Inspection	
For calendar plan year 202	22 or fiscal pl	·	./01/2022	and ending 12/31/2022			
A Name of plan		yee Health and Welfa	re Plan	B Three plan	e-digit number (PN)	•	503
C Plan sponsor's name a Hunt & Sons, Inc		ine 2a of Form 5500		<b>D</b> Employ 94-2209	yer Identifica	tion Number	(EIN)
		erning Insurance Contract  A. Individual contracts grouped a					
(a) Name of insurance ca	rrier						
Western Health A	dvantage	9	1				
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate no persons covered a policy or contract	at end of	(f) F	Policy or c	(g) To
68-0393304	00000	108142	38	n your	01/01	/2022	12/31/2022
2 Insurance fee and composite descending order of the		mation. Enter the total fees and to	tal commissions paid. L	ist in line 3 t	the agents, b	rokers, and o	other persons in
	•	mmissions paid		<b>(b)</b> To	tal amount of	fees paid	
		12,405					0
3 Persons receiving com	missions and	l fees. (Complete as many entries	s as needed to report all	persons).			
		and address of the agent, broker	, or other person to who	m commissi	ons or fees v	vere paid	
Patrick Cummings 111 Woodmere Roa Ste 290					Q	n 05620	
Folsom					C	A 95630	<u> </u>
(b) Amount of sales ar commissions pai		(c) Amount	es and other commissio	mmissions paid (d) Purpose			(e) Organization code
		(0) 1 1110 1111		()	-		(5) 5.95
	12,405						3
	(a) Name	and address of the agent, broker	or other person to who	m commissi	ons or fees v	vere paid	
	(1)		,				
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3343
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
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commissions paid	(6)	(4)	code
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	,		
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	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier n	may be treated a	s a unit for purposes of
4	Curi	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		_	
		tracts With Allocated Funds:		<u> </u>	
	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in cor			
	٠.	retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	I annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	intained in separate accounts)		
	а		te participation guarantee		
	_		3		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	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			
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	
	е	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)		
		\(\frac{1}{2} = \frac{1}{2} \f	- \ - /		
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

F	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual contract covers the same the information may be combined for report employees, the entire group of such individual contract covers the co	group of employees of the ing purposes if such cont	racts are expe	erience-rated as a unit. \	Where cont	racts cover individual
8	Ber	efit a	nd contract type (check all applicable boxes)					
	а	Х Не	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision	d	Life insurance
	е	Te	mporary disability (accident and sickness)	f Long-term disabili	ty $\mathbf{g}$	Supplemental unemplo	yment <b>h</b>	Prescription drug
	i	Sto	op loss (large deductible)	j X HMO contract	· —	PPO contract		Indemnity contract
	m	_	her (specify)	,	∟		-	
		ЦΟ	ner (specify)					
9	Fxn	eriena	ce-rated contracts:					
Ū			iums: (1) Amount received		9a(1)			
			ncrease (decrease) in amount due but unpaid		9a(2)			
			ncrease (decrease) in unearned premium res		9a(3)			
			arned ((1) + (2) - (3))				9a(4)	
	b	Ben	efit charges (1) Claims paid		9b(1)			
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)			
		(S) Ir	ncurred claims (add (1) and (2))				9b(3)	
		(4) C	laims charged				9b(4)	
	С	Ren	nainder of premium: (1) Retention charges (c	n an accrual basis)	Γ Γ			
			(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) 9c(1)(E)			
			(E) Taxes(F) Charges for risks or other contingencies.		9c(1)(F)			
			(G) Other retention charges		9c(1)(G)			
			(H) Total retention			9	9c(1)(H)	
			Dividends or retroactive rate refunds. (These	_			9c(2)	
	d		us of policyholder reserves at end of year: (1				9d(1)	
	u		Claim reserves				9d(2)	
		` '	Other reserves				9d(3)	
	е	` '	dends or retroactive rate refunds due. (Do n			<del></del>	9e	
10			erience-rated contracts:		, ,			
	а	Tota	al premiums or subscription charges paid to o	arrier			10a	251,209
	b	If the	e carrier, service, or other organization incur	ed any specific costs in c	onnection with	n the acquisition or		
	_		ntion of the contract or policy, other than rep	orted in Part I, line 2 abov	e, report amo	unt	10b	
	Spe	еспу г	ature of costs.					
Г	art	IV	Provision of Information					
								N <sub>a</sub>
11			insurance company fail to provide any inform		lete Schedule	A? Y	es X	No
12	2 If	the ar	swer to line 11 is "Yes," specify the informat	on not provided.				

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.

OMB No. 1210-0110

2022

pursuant to ERISA section 103(a)(2).  For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022  A Name of plan Hunt & Sons, Inc. Employee Health and Welfare Plan  B Three-digit plan number (PN) 503  C Plan sponsor's name as shown on line 2a of Form 5500 Hunt & Sons, Inc.  D Employer Identification Number (EIN) 94-2209320  Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract.						
A Name of plan Hunt & Sons, Inc. Employee Health and Welfare Plan  C Plan sponsor's name as shown on line 2a of Form 5500 Hunt & Sons, Inc.  D Employer Identification Number (EIN)  94-2209320						
Hunt & Sons, Inc. 94-2209320						
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.	tract					
1 Coverage Information:						
(a) Name of insurance carrier						
Kaiser Foundation Health Plan Inc						
(b) EIN (c) NAIC (d) Contract or persons covered at end of (e) Town (f) Tow						
code identification number persons covered at end or policy or contract year (f) From (g) To						
94-1340523 00000 62940 198 01/01/2022 12/31/2022	2					
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						
53,053	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  Filice Insurance Services LLC  900 E Hamilton Ave  Ste 500						
Campbell CA 95008						
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization or	code					
53,053	<u> </u>					
(a) Name and address of the agent broker or other person to whom commissions or feet were paid						
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base Fees and other commissions paid						
commissions paid (c) Amount (d) Purpose (e) Organization of	code					

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
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commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
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Schedule A (Form 5500)	2022	Page <b>2</b> –	
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		Face and other commissions noid	(a)
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commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
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(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier n	may be treated a	s a unit for purposes of
4	Curi	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		_	
		tracts With Allocated Funds:		<u> </u>	
	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in cor			
	٠.	retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	I annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	intained in separate accounts)		
	а		te participation guarantee		
	_		3		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	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			
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	
	е	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)		
		\(\frac{1}{2} = \frac{1}{2} \f	- \ - /		
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

P	art	111	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual to the contract of	group of employees of the	racts are expe	rience-rated as a unit.	Where co	ontracts cov	
8	Ber	efit a	nd contract type (check all applicable boxes)	_	_			_	
	а	Х Не	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life i	nsurance
	е	Te	emporary disability (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental unemp	loyment	<b>h</b> Pres	cription drug
	i	St	op loss (large deductible)	j HMO contract	k∏	PPO contract		I nde	nnity contract
	m	_	ther (specify)	<i>,</i> ¬					•
			(4)						
9	Ехр	erien	ce-rated contracts:						
	а	Prem	iums: (1) Amount received		9a(1)				
		(2) lı	ncrease (decrease) in amount due but unpai	t	9a(2)				
		(3) lı	ncrease (decrease) in unearned premium res	serve	9a(3)				
			Earned ( <b>(1) + (2) - (3)</b> )				9a(4)		
	b	Ben	efit charges (1) Claims paid		` '				
		` '	ncrease (decrease) in claim reserves						
			ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged				9b(4)		
	С		nainder of premium: (1) Retention charges (c		0-(4)(A)				
			(A) Commissions		9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(B) 9c(1)(C)				
			(C) Other specific acquisition costs(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	)	
			Oividends or retroactive rate refunds. (These	_			9c(2)		
	d		tus of policyholder reserves at end of year: (1	_			9d(1)		
	-		Claim reserves				9d(2)		
		` '	Other reserves				9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do n	ot include amount entered	d in line <b>9c(2)</b> .	)	9e		
10	) No	nexp	erience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to o	arrier			10a		1,261,832
	b	rete	e carrier, service, or other organization incur ntion of the contract or policy, other than rep				10b		_
	Spe	ecify r	nature of costs.						
Р	art	IV	Provision of Information						
			insurance company fail to provide any inforn	nation necessary to comp	lete Schedule	А?	Yes	X No	
			nswer to line 11 is "Yes," specify the informat						
		ui	in in its						

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

2022

This Form is Open to Public Inspection

		•	ERISA section 103(a)(2)				
For calendar plan year 202	22 or fiscal pla	an year beginning 0	1/01/2022	and e	ending	12/31/	2022
A Name of plan Hunt & Sons, Inc	e. Employ	ree Health and Welfa	are Plan	<b>B</b> Thr	ee-digit In number (Pl	N) <b>•</b>	503
C Plan sponsor's name a		ne 2a of Form 5500		<b>D</b> Emp	loyer Identific	ation Number (	EIN)
Hunt & Sons, Inc	•			94-22	09320		
		rning Insurance Contra A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca							
Unum Life Insura	nce Comp	any of America			1		
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	
(D) LIIV	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To
01-0278678	62235	699453	369		01/0	1/2022	12/31/2022
2 Insurance fee and coming descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line :	3 the agents,	brokers, and o	ther persons in
(a) Total a	amount of con	nmissions paid		(b) <sup>7</sup>	Total amount	of fees paid	
		1,562					312
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
		and address of the agent, broke	er, or other person to who	m commis	ssions or fees	were paid	
Filice Insurance 900 E Hamilton A		es LLC					
Ste 500	IVE						
Campbell						CA 95008	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pai	d	(c) Amount		(d) Purpo			(e) Organization code
			Additional Comp Paid	ensatı	Lon		
	1,562	312	raiu				3
	(a) Nome	and addraga of the agent broke	ur or other person to when	m	naiona ar food	wore noid	
	(a) Name	and address of the agent, broke	er, or other person to who	m commis	ssions or rees	were paid	
	T						T
(b) Amount of sales ar			ees and other commission	•			(a) Organization and
commissions pai	u	(c) Amount		(d) Purpo	se		(e) Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3343
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3345
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier n	may be treated a	s a unit for purposes of
4	Curi	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		_	
		tracts With Allocated Funds:		<u>'</u>	
	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in cor			
	٠.	retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	I annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	intained in separate accounts)		
	а		te participation guarantee		
	_		3		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	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			
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	
	е	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)		
		\(\frac{1}{2} = \frac{1}{2} \f	- \ - /		
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

P	art I							
		If more than one contract covers the same g the information may be combined for reportir employees, the entire group of such individual	ng purposes if such cont	racts are expe	rience-rated as a unit.	Where co	ontract	s cover individual
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		d X	Life insurance
	еĪ	Temporary disability (accident and sickness)	f  Long-term disabili	tv <b>a</b> $\Box$	Supplemental unemp	lovment	- =	Prescription drug
				,		Indemnity contract		
	' L		] [] Tiwo contract	ν.	11 O contract		•□	macming contract
	m 2	X Other (specify) PAD&D						
_		<u> </u>						
9				00/1)			-	
		Premiums: (1) Amount received		9a(1) 9a(2)			_	
		<ul><li>(2) Increase (decrease) in amount due but unpaid</li><li>(3) Increase (decrease) in unearned premium rese</li></ul>		9a(2)				
		(4) Earned ((1) + (2) - (3))				9a(4)		
	-	Benefit charges (1) Claims paid		9b(1)		σα( .)		
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				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) 9c(1)(G)			_	
		(G) Other retention charges(H) Total retention				9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	_		raditad )		'	
	d	Status of policyholder reserves at end of year: (1)			F	9c(2) 9d(1)		
	u	(2) Claim reserves				9d(2)		
		(3) Other reserves			ħ.	9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not			<u> </u>	9e		
10		onexperience-rated contracts:		` ` `	,			
	а	Total premiums or subscription charges paid to ca	arrier			10a		15,622
	b	If the carrier, service, or other organization incurre	ed any specific costs in o	onnection with	n the acquisition or			
	_	retention of the contract or policy, other than repor	rted in Part I, line 2 abov	re, report amo	unt	10b		
	Spe	ecify nature of costs.						
P	art I	IV Provision of Information						
		d the insurance company fail to provide any informa	ation necessary to comp	lete Schedule	А? П	Yes	X No	)
				olo Ochedule	/ X:		ш . «	-
12	IT th	he answer to line 11 is "Yes," specify the information	n not provided. 🔻					

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.

OMB No. 1210-0110

2022

,	,	pursuant to	ERISA section 103(a)(2)		llion		Inspection
For calendar plan year 202	22 or fiscal pl	<u></u>	/01/2022	and e	nding	12/31/	2022
A Name of plan Hunt & Sons, Inc	e. Employ	yee Health and Welfa:	re Plan	<b>B</b> Thre	ee-digit n number (PN)	<b>&gt;</b>	503
C Plan sponsor's name a Hunt & Sons, Inc		ine 2a of Form 5500		<b>D</b> Emplo	oyer Identificat	ion Number	(EIN)
		erning Insurance Contrac A. Individual contracts grouped a					
(a) Name of insurance ca Unum Life Insura		pany of America					
	(c) NAIC		(e) Approximate no			Policy or c	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) F	rom	<b>(g)</b> To
01-0278678	62235	699512	29		01/01	/2022	12/31/2022
2 Insurance fee and communication descending order of the		mation. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, b	okers, and o	ther persons in
9		mmissions paid		<b>(b)</b> T	otal amount of	fees paid	
		1,559					0
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all	persons).			
		and address of the agent, broker	, or other person to who	m commiss	sions or fees w	ere paid	
Filice Insurance 900 E Hamilton A Ste 500		es, LLC				- 05000	
Campbell					C.	A 95008	
(b) Amount of sales ar commissions pai		(c) Amount	es and other commissio	ns paid (d) Purpos	<u> </u>		(e) Organization code
commissions par	u	(c) Amount		(a) i dipos			(c) Organization code
	1,559						3
	(a) Name	and address of the agent, broker	or other person to who	m commiss	sions or fees w	ere paid	
	(3)						
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpos	se		(e) Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3345
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3345
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier n	may be treated a	s a unit for purposes of
4	Curi	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		_	
		tracts With Allocated Funds:		<u> </u>	
	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in cor			
	٠.	retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	I annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	7	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai	intained in separate accounts)		
	а		te participation guarantee		
	_		3		
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	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			
	d	Total of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	
	е	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)		
		\(\frac{1}{2} = \frac{1}{2} \f	- \ - /		
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

F	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are expe	erience-rated as a unit.	Where cor	ntracts cover individua	
8	Ber	nefit a	nd contract type (check all applicable boxes)						
	а	He	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision	,	<b>d</b> Life insurance	
	е	X Te	mporary disability (accident and sickness)	f Long-term disabili	ty $\mathbf{g}$	Supplemental unempl	oyment	h Prescription drug	1
	i	_	op loss (large deductible)	j  HMO contract		PPO contract	•	I Indemnity contra	
	. I	_	her (specify)	, rano contract	□	TT & contidor			
	m	ЦΟ	rier (specify)						
9	Evn	oriona	ce-rated contracts:						
•	•		iums: (1) Amount received		9a(1)			_	
	_		ncrease (decrease) in amount due but unpaid		9a(2)				
			ncrease (decrease) in unearned premium res		9a(3)				
			arned ((1) + (2) - (3))		<u> </u>		9a(4)		
	b	. ,	efit charges (1) Claims paid		9b(1)	<u>.</u>	` `		
		(2) Ir	ncrease (decrease) in claim reserves		9b(2)				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		
		(4) C	laims charged				9b(4)		
	С	Rem	nainder of premium: (1) Retention charges (c	n 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) 9c(1)(F)			_	
			(F) Charges for risks or other contingencies.		9c(1)(I) 9c(1)(G)				
			(G) Other retention charges(H) Total retention				9c(1)(H)		
			Dividends or retroactive rate refunds. (These	_	_				
	d		us of policyholder reserves at end of year: (1			-	9c(2) 9d(1)		
	u		Claim reserves				9d(1)		
		` '	Other reserves			<u> </u>	9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n			F	9e		
10			erience-rated contracts:		,	,			
	а		al premiums or subscription charges paid to o	arrier			10a	1	0,394
	b	If the	e carrier, service, or other organization incur	ed any specific costs in c	onnection with	n the acquisition or			
		rete	ntion of the contract or policy, other than rep				10b		
	Spe	ecify n	ature of costs.						
D	art	IV	Provision of Information						
							vos F	V No	
11			insurance company fail to provide any inform		lete Schedule	A?	Yes 2	X No	
12	2 If t	the ar	swer to line 11 is "Yes," specify the informat	on not provided.					

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.

OMB No. 1210-0110

2022

pursuant to ERISA section 103(a)(2).					Inspection		
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022				and en	ding	12/31/	2022
A Name of plan	A Name of plan Hunt & Sons, Inc. Employee Health and Welfare				e-digit number (PN	l) <b>•</b>	503
C Plan sponsor's name a Hunt & Sons, Inc		ne 2a of Form 5500		<b>D</b> Emplo	•	ation Number	(EIN)
		rning Insurance Contract  A. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca							
VISION SELVICE F			(e) Approximate n	umber of		Policy or c	ontract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	at end of	(f)	From	<b>(g)</b> To
94-1632821	00000	30088684	358		01/01	/2022	12/31/2022
2 Insurance fee and com- descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in line 3	the agents, I	orokers, and o	ther persons in
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount o	of fees paid	
-		4,216					0
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all	persons).			
Den Biline Beter		and address of the agent, broker,	or other person to who	m commiss	ions or fees	were paid	
Ron Filice Enter 738 N First St,							
San Jose					(	CA 95112	
(b) Amount of sales ar	nd base	Fee	es and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
	2,466						3
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	ions or fees	were naid	
Filice Insurance 900 E. Hamilton	e Service		or other person to who		10110 01 1000	were paid	
Campbell					(	CA 95008	
<b>(b)</b> Amount of sales ar commissions pa		(c) Amount	es and other commission	ns paid (d) Purpose	<u> </u>		(e) Organization code
	1,750						3

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commoditive para			3345
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissione para			3335
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier	may be treated as a	unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		1	
•	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6с	
	d	If the carrier, service, or other organization incurred any specific costs in cor	nnection with the acquisition or	6d	
		retention of the contract or policy, enter amount		6u	
		Specify nature of costs			
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity		
		(3) other (specify)	,		
		(a) The other (abcony)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai			
•	a	<del></del>	te participation guarantee		
	а		to participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	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)		
		•			
		(O)Tatal additions		70(6)	
	Ч	(6)Total additions			
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
			7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account			
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

P	art l		ire Benefit Contract Inform									
		the info	than one contract covers the same ormation may be combined for repor- vees, the entire group of such individual.	ting pu	rposes if su	uch cont	racts are e	xpe	rience-rated as a unit	. Where c	ontrac	ts cover individual
8	Ben	efit and contra	act type (check all applicable boxes)	)								
	а	Health (oth	er than dental or vision)	b	Dental		c	<b>X</b>	Vision		d□	Life insurance
	еĪ	_	disability (accident and sickness)	f⊟	Long-term	disahili		=	Supplemental unemp	olovment	h∏	Prescription drug
	i [	- '	large deductible)		HMO cont		_		PPO contract	,	느	Indemnity contract
	' L		-	J 📙	HIVIO CON	iaci	r	`□	PPO CONTIACT		'⊔	maeminy contract
	m	Other (spe	city) 🕨									
_												
9		erience-rated					00/4)	_				
		•	) Amount received				9a(1)					
			(decrease) in amount due but unpai (decrease) in unearned premium re				9a(2) 9a(3)					
			1) + (2) - (3))							9a(4)		
	-		ges (1) Claims paid				9b(1)	T		, 04(.)		
			(decrease) in claim reserves				9b(2)					
		• ,	claims (add <b>(1)</b> and <b>(2)</b> )							9b(3)		
		(4) Claims ch	narged							9b(4)		
	С	Remainder of	of premium: (1) Retention charges (	on an a	ccrual basi	s)						
		(A) Com	missions				9c(1)(A	.)				
		(B) Admi	inistrative service or other fees				9c(1)(B					
		(C) Othe	r specific acquisition costs				9c(1)(C					
			r expenses				9c(1)(D	_				
		` '	S				9c(1)(E 9c(1)(F					
		` ,	ges for risks or other contingencies retention charges				- //\/-					
		` ,	retention							9c(1)(H	,	
		` ,	s or retroactive rate refunds. (These			_	_		redited )	9c(2)	_	
	d		licyholder reserves at end of year: (		<u></u>	4				9d(1)		
	ŭ		serves							9d(2)		
			serves							9d(3)		
	е	Dividends or	retroactive rate refunds due. (Do r	ot inclu	ude amount	t entere	d in line <b>9c</b>	<b>(2)</b> .)	)	9e		
10	No	nexperience-	rated contracts:									
	а	Total premiu	ms or subscription charges paid to	carrier.						10a		42,063
	b		, service, or other organization incur the contract or policy, other than rep							10b		
	Spe	cify nature of		0110011	11 011, 1111	<i>z</i> 2 000 0	o, roport a					
P	art l	IV Prov	rision of Information									
11	Dic	the insurance	e company fail to provide any inforr	nation i	necessary t	to comp	lete Sched	lule i	A?	Yes	X N	0
			line 11 is "Yes," specify the informa						·			
					p. 0 1 1 4 0 4 .	•						

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

2022

This Form is Open to Public Inspection

For calendar plan year 202	22 or fiscal pl	an year beginning 0	1/01/2022	and en	ding	12/31/	2022
A Name of plan				<b>B</b> Three	hree-digit		
Hunt & Sons, Inc	. Employ	vee Health and Welfa	are Plan	plan	number (PN)	•	503
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500		<b>D</b> Employ	yer Identification	Number (	EIN)
Hunt & Sons, Inc							
· · ·				94-220			
		erning Insurance Contract  A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car	rrier						
-16 -	~	<b>5</b> - 1					
Unum Life Insura	nce Comp	oany of America	(-) A			)-l:	
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered at				ntract year
	code	identification number	policy or contract		(f) From	m 	<b>(g)</b> To
01-0278678	62235	699513	53		01/01/2	022	12/31/2022
2 Insurance fee and community descending order of the		nation. Enter the total fees and t	otal commissions paid. Lis	st in line 3 t	the agents, broke	ers, and ot	her persons in
		nmissions paid		<b>(b)</b> To	tal amount of fee	es paid	
(4) 1014		5,765		(2) 10		oo para	769
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all p	persons).			
		and address of the agent, broke	er, or other person to whon	n commissi	ions or fees were	e paid	
Filice Insurance		es, LLC					
900 E Hamilton A Ste 500	ve						
Campbell					CA	95008	
		F	ees and other commission	ıs naid			
(b) Amount of sales an commissions pai		(c) Amount		(d) Purpose			(e) Organization code
	-		Additional Compe				(c) c gament c car
							2
	5,765	769					3
	(a) Name	and address of the agent, broke	er, or other person to whon	n commissi	ions or fees were	e paid	
(b) Amount of sales an	nd base	F	ees and other commission	ommissions paid			
commissions pai		(c) Amount	(	9		(e) Organization code	
For Bonomic Bodoction	n Ast Nation	and the Instructions for Form	. FEOO			0-1	l. A /Farm FF00\ 2022

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissione para			3335
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

Schedule A (Form 5500)	2022	Page <b>2</b> –	
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	<u> </u>		
		Face and other commissions noid	(a)
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization
commissions paid	(c) Amount	( <b>u</b> ) 1 dipose	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
commissione para			3335
(a) Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(6)	(4)	code
<b>(a)</b> Nar	ne and address of the agent, bro	oker, or other person to whom commissions or fees were paid	'
		Fees and other commissions paid	(e)
<b>(b)</b> Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
<b>(a)</b> Nar	ne and address of the agent. bro	oker, or other person to whom commissions or fees were paid	L
	,		
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	dual contracts with each carrier	may be treated as a	unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er			
		tracts With Allocated Funds:		1	
•	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6с	
	d	If the carrier, service, or other organization incurred any specific costs in cor	nnection with the acquisition or	6d	
		retention of the contract or policy, enter amount		6u	
		Specify nature of costs			
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity		
		(3) other (specify)	,		
		(a) The other (abcony)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts mai			
•	a	<del></del>	te participation guarantee		
	а		to participation guarantee		
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	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)		
		•			
		(O)Tatal additions		70(6)	
	Ч	(6)Total additions			
		Deductions:		/ 4	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
			7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account			
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			

P	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individual.	group of employees of the ing purposes if such cont	racts are expe	erience-rated as a unit.	Where co	ontracts cove	
8	Ben	efit a	nd contract type (check all applicable boxes)	_	_			_	
	а	He	ealth (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> X Life in	surance
	е	Te	emporary disability (accident and sickness)	f Long-term disabili	ty <b>g</b>	Supplemental unemp	loyment	<b>h</b> Preso	ription drug
	i	Sto	op loss (large deductible)	j HMO contract	k∏	PPO contract		I Indem	nity contract
	m		ther (specify) Voluntary AD&D		Ц			Ц	,
α	Evn	oriona	as rated contracts:						
9			ce-rated contracts: iums: (1) Amount received		9a(1)			_	
	u		ncrease (decrease) in amount due but unpaid		9a(2)				
			ncrease (decrease) in unearned premium res		9a(3)				
			Earned ((1) + (2) - (3))				9a(4)		
	b		efit charges (1) Claims paid						
		(2) Ir	ncrease (decrease) in claim reserves		(-)				
		(3) Ir	ncurred claims (add (1) and (2))				9b(3)		
		(4) C	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (c	n 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) 9c(1)(F)			_	
			(F) Charges for risks or other contingencies.		0. (4)(0)			-	
			(G) Other retention charges(H) Total retention				9c(1)(H)	\	
			Dividends or retroactive rate refunds. (These	_	_	ľ		<u>'</u>	
	d			_			9c(2)		
	d		rus of policyholder reserves at end of year: (1				9d(1) 9d(2)		
		` '	Other reserves			ŀ	9d(2)		
	е	` '	dends or retroactive rate refunds due. (Do n				9e		
10	_		erience-rated contracts:	ot include amount entered	a iii iiiic <b>30(2)</b> .	)	- 30		
	а		al premiums or subscription charges paid to o	arrier		[	10a		38,434
	b		e carrier, service, or other organization incur						
		rete	ntion of the contract or policy, other than repnature of costs.				10b		
D									
	art		Provision of Information			<b>—</b>	.,		
			insurance company fail to provide any inform		lete Schedule	A?	Yes	X No	
12	l If t	he ar	nswer to line 11 is "Yes," specify the informat	on not provided.					