### 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

2021

This Form is Open to Public Inspection

						mspection	
Part I		lentification Information					
For caler	ndar plan year 2021 or fisc	al plan year beginning 01/01/2021		and ending 12/31/2021			
A This	return/report is for:	a multiemployer plan	participating er	loyer plan (Filers checking this be imployer information in accordance			ns.)
		x a single-employer plan	a DFE (specify	)			
<b>B</b> This r	return/report is:	the first return/report	the final return	•			
		an amended return/report	a short plan ye	ar return/report (less than 12 mo	onths)		
C If the	plan is a collectively-barga	ained plan, check here					
<b>D</b> Chec	k box if filing under:	Form 5558	automatic exte	nsion	the	e DFVC program	
		special extension (enter description	n)		_		
E If this	is a retroactively adopted	plan permitted by SECURE Act section	201, check here				
Part II	Basic Plan Inform	nation—enter all requested informatio	on				
	ne of plan UM, INC. EMPLOYEE BEI	NEFITS PLAN			1b	Three-digit plan number (PN) ▶	501
					1c	Effective date of plants o	an
Mail City	ing address (include room, or town, state or province,	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box) country, and ZIP or foreign postal code	e (if foreign, see instru	uctions)	<b>2b</b> Employer Identification Number (EIN) 26-1276256		
GUM GI	JM, INC.				2c Plan Sponsor's telephone number 310-260-9666		•
	H STREET, 4TH FLOOR MONICA, CA 90401				2d	Business code (see instructions) 541800	9
Caution	: A penalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable cause is es	tablis	shed.	
Under pe	enalties of perjury and othe	er penalties set forth in the instructions, l ell as the electronic version of this return	declare that I have	examined this return/report, inclu	uding	accompanying sche	
SIGN	Filed with authorized/valid	electronic signature.	07/20/2022	REENA RAI			
HERE	HERE Signature of plan administrator Date Enter name of individual signi				na as	nlan administrator	
	Orginature or plant danin	inotrator	Dute	Enter name of marriadal olgini	ig ao	pian administrator	
SIGN							
HERE	Signature of employer/	plan sponsor	Date	Enter name of individual signir	ng as	employer or plan sp	onsor
SIGN							
HERE	Signature of DFE		Date	Enter name of individual signing as DFE			

Form 5500 (2021) Page 2 **3a** Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 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, 4b EIN enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **4d** PN а Sponsor's name Plan Name 5 Total number of participants at the beginning of the plan year 210 5 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). 201 a(1) Total number of active participants at the beginning of the plan year...... 6a(1) 239 a(2) Total number of active participants at the end of the plan year ...... 6a(2)5 6b **b** Retired or separated participants receiving benefits....... 0 Other retired or separated participants entitled to future benefits ...... 6c 244 Subtotal. Add lines 6a(2), 6b, and 6c. 6d Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e Total. Add lines 6d and 6e. 6f Number of participants with account balances as of the end of the plan year (only defined contribution plans 6g complete this item) ..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .. 6h Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ...... If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4B 4D 4E 4G 4F 4H 4L 4Q **9a** Plan funding arrangement (check all that apply) **9b** Plan benefit arrangement (check all that apply) (1)Insurance (1) Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts (3) Trust (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor 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 **b** General Schedules R (Retirement Plan Information) **H** (Financial Information) (1) (1) (2) I (Financial Information - Small Plan)

X

9 A (Insurance Information)

C (Service Provider Information)

**D** (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

(3)

(4)

(5)

(6)

(2)

(3)

actuary

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

	Form 5500 (2021)	Page 3
Part III	Form M-1 Compliance Information (to be completed by welf	are benefit plans)
	plan provides welfare benefits, was the plan subject to the Form M-1 filing require 101-2.)	ments during the plan year? (See instructions and 29 CFR

If "Yes" is checked, complete lines 11b and 11c. 11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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\_

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

OMB No. 1210-0110

						Inspection		
For calendar plan year 202	21 or fiscal pla	an year beginning 01/01/2021		and er	nding 12/3	1/2021		
A Name of plan GUM GUM, INC. EMPLOY	YEE BENEFIT	S PLAN			e-digit number (P	N) <b>•</b>	501	
C Plan sponsor's name a GUM GUM, INC.	s shown on lir	ne 2a of Form 5500			oyer Identific 1276256	cation Number (	EIN)	
		rning Insurance Contract  A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca THE LINCOLN NATIONAL		NCE COMPANY						
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year	
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
35-0472300	65676	10257151	235	5	01/01/202	1	12/31/2021	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in	
(a) Total a	amount of com	nmissions paid		<b>(b)</b> To	otal amount	of fees paid		
		5770					706	
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 commiss	sions or fees	were paid		
SULLIVAN CURTIS MONR	OE INS. SVC	S. 1920 IRVIN	MAIN STREET, SUITE 6 IE, CA 92614	00				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
	5770	706 E	BONUS				3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	sions or fees	were paid		
		-				·		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code	

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II			Short control of 199		
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e			
_		tracts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)	
	а		te participation guara		
		(3) guaranteed investment (4) other			
		(b) guaranteed investment (1) guarantee			
	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)		
		<b>)</b>			
		(C)Total additions		7c(6)	C
	А	(6)Total additions			0
		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)		
		•	- ( - /		
		,			
				<b>-</b> /->	-
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

If more than one contract covers the same group of employees 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. 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.    Benefit and contract type (check all applicable boxes)	Р	Part III Welfare Benefit Contract Informati	on					
Benefit and contracts 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   Dong-term disability   g   Supplemental unemployment   h   Prescription drug   li   Stop loss (large deductible)   j   HMO contract   k   PPO contract   li   Indemnity contract   m   Other (specify)   Pereniums: (1) Amount received   3a(2)   Sincrease (decrease) in mount due but unpaid   3a(2)   Sincrease (decrease) in mount due but unpaid   3a(2)   Sincrease (decrease) in mount due but unpaid   3a(2)   Sincrease (decrease) (contracts)   Septimized (1) + (2) Indemnity contract   Septimized (1	•			e same emple	oyer(s) or members of	f the same en	nployee organizat	tions(s),
8 Benefit and contract type (check all applicable boxes) a								/idual
a		employees, the entire group of such individual	contracts with each ca	arrier may be	treated as a unit for p	ourposes of th	is report.	
e Temporary disability (accident and sickness) i Stop loss (large deductible) J HMO contract  M Other (specify)  Seperinece-rated contracts: a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (2) Increase (decrease) in unexered premium reserve  9a(3) (3) Increase (decrease) in unexerned premium reserve  9a(3) (4) Earned ((1) + (2) - (3))  9a(4) (5) Increase (decrease) in claim reserves.  9b(2) (6) Remainder of premium: (1) Retention charges (on an accrual basis) - (7) (A) Commissions (8) Administrative service or other fees (9) (C) Other specific accidition costs. (9) (C) Other specific accidition costs. (9) (T) Charges for risks or other contingencies. (9) (C) Other reserves. (9) (T) Charges for risks or other contingencies. (9) (C) Other reserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other reserves. (9) C) Other reserves. (9) C) Other reserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other everserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other severs. (9) C) Other severs. (9) C) Other everserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other severs. (9) C) Other seve	8	Benefit and contract type (check all applicable boxes)						
e Temporary disability (accident and sickness) i Stop loss (large deductible) J HMO contract  M Other (specify)  Seperinece-rated contracts: a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (2) Increase (decrease) in unexered premium reserve  9a(3) (3) Increase (decrease) in unexerned premium reserve  9a(3) (4) Earned ((1) + (2) - (3))  9a(4) (5) Increase (decrease) in claim reserves.  9b(2) (6) Remainder of premium: (1) Retention charges (on an accrual basis) - (7) (A) Commissions (8) Administrative service or other fees (9) (C) Other specific accidition costs. (9) (C) Other specific accidition costs. (9) (T) Charges for risks or other contingencies. (9) (C) Other reserves. (9) (T) Charges for risks or other contingencies. (9) (C) Other reserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other reserves. (9) C) Other reserves. (9) C) Other reserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other everserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other severs. (9) C) Other severs. (9) C) Other everserves are not of year: (1) Amount held to provide benefits after retirement. (9) C) Other severs. (9) C) Other seve		a ☐ Health (other than dental or vision) b	Dental	С	Vision	(	<b>d</b> Life insuran	ce
i				<u> </u>	<u>-</u>	nlovment		
## Dither (specify)  ## Experience-rated contracts:  ## Premiums: (1) Amount received			=		<u> </u>	ipioyineni		-
9 Experience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearmed premium reserve. 9 a(3) (4) Earned ((1) + (2) - (3)) 9 Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (6) Commissions. (7) Commissions. (8) Administrative service or other fees. (9) Claim reserves. (9) Claim reserves. (10) Other expenses. (10) Other retention charges. (11) Other tention charges. (12) Dividends or retroactive rate refunds. (These amounts were   paid in cash, or   credited). (13) Other reserves. (14) Claim reserves. (15) Dividends or retroactive rate refunds. (These amounts were   paid in cash, or   credited). (2) Claim reserves. (3) Other reserves and of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves and of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves and of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves and of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves are funds due. (Do not include amount entered in line 9c(2).) (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Provision of Information or retenion of the contract or policy, other than reported in Part I, line 2 above, report amount. (10) Did the insurance company fail to provide any information necessary to complete Schedule A?			HMO contract	K L	PPO contract		I Indemnity c	ontract
a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in uneamed premium reserve  9a(3)  (4) Earned ((1) + (2) - (3))  Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (6) Commissions. (7) A Commissions. (8) Administrative service or other fees. (9) C) Other expenses. (9) C) Other expenses. (10) Other expenses. (11) Other expenses. (12) Other expenses. (13) Other expenses. (14) Other expenses. (15) Other expenses.		m ☐ Other (specify) ▶						
a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in uneamed premium reserve  9a(3)  (4) Earned ((1) + (2) - (3))  Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Increase (decrease) in claim reserves. (6) Commissions. (7) A Commissions. (8) Administrative service or other fees. (9) C) Other expenses. (9) C) Other expenses. (10) Other expenses. (11) Other expenses. (12) Other expenses. (13) Other expenses. (14) Other expenses. (15) Other expenses.								
(2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) - (3)).  (5) Benefit charges (1) Claims paid. (6) (2) Increase (decrease) in I claim reserves. (7) Incurred claims (add (1) and (2)). (8) Incurred claims (add (1) and (2)). (9) Cammissions. (10) Cammissions. (11) Commissions. (12) Increase exclusion costs. (13) Incurred claims (add (1) and (2)). (14) Claims charged. (15) Cammissions. (16) Administrative service or other fees. (17) Charges for insection costs. (18) Administrative service or other fees. (19) Cloims expecific acquisition costs. (19) Other expecific acquisition costs. (10) Other expecific acquisition charges. (10) Other expecific acquisition costs. (10) Other expecific acquisition costs. (10) Other expecific acquisition of the contract contracts. (10) Other expecific acquisition of the contract or policy, other than reported in Part I, line 2 above, report amount. (10) Other expecific acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. (10) Other expection of Information of the contract or policy, other than reported in Part I, line 2 above, report amount. (10) Other expection of the contract or policy, other than reported in Part I, line 2 above, report amount. (10) Did the insurance company fail to provide any information necessary to complete Schedule A?	9	Experience-rated contracts:						
(3) Increase (decrease) in unearmed premium reserve		a Premiums: (1) Amount received		9a(1)				
(3) Increase (decrease) in unearned premium reserve		(2) Increase (decrease) in amount due but unpaid		9a(2)				
(4) Earned ((1) + (2) - (3)).  Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves.  (3) Incurred claims (add (1) and (2)).  C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions.  (B) Administrative service or other fees. (C) Other specific acquisition costs. (D) Other specific acquisition costs. (E) Taxes. (G) Other reservice or other contingencies. (G) Other retention charges. (G) Other retention charges. (G) Other retention charges. (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited). (2) Claim reserves. (3) Other reserves at end of year. (1) Amount held to provide benefits after retirement. (3) Other reserves. (3) Other reserves. (3) Other reserves. (3) Other reserves. (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (2) Claim reserves. (3) Other reserves. (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (3) Other reserves. (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (6) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (E) Taxes. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (E) Taxes. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (E) Taxes. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (E) Taxes. (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)). (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2). (D) Dividends or								
b Benefit charges (1) Claims paid						9a(4)		0
(2) Increase (decrease) in claim reserves.  (3) Incurred claims (add (1) and (2)).  (4) Claims charged.  (A) Commissions.  (B) Administrative service or other fees.  (B) Administrative service or other fees.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other expenses.  (E) Taxes.  (F) Charges for risks or other contingencies.  (S) Other retention charges.  (C) Other specific acquisition costs.  (D) Other retention charges.  (E) Taxes.  (F) Charges for risks or other contingencies.  (C) Other specific acquisition of the contingencies.  (E) Taxes.  (B) Soft)(E)  (C) Other specific acquisition costs.  (C) Other retention.  (C) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited).  (C) Dividends or retroactive rate refunds. (These amounts were paid in cash, or get of the contractive rate refunds or expected to the contractive rate refunds due. (Do not include amount entered in line 9c(2)).  (D) Other reserves.								
(3) Incurred claims (add (1) and (2)).  (4) Claims charged.  C Remainder of premium: (1) Retention charges (on an accrual basis)  (A) Commissions.  (B) Administrative service or other fees.  (C) Other specific acquisition costs.  (D) Other specific acquisition costs.  (E) Taxes.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (F) Charges for risks or other contingencies.  (F) Total retention charges.  (F) Total retention charges.  (F) Total retention charges.  (C) Other reserves at end of year: (1) Amount held to provide benefits after retirement.  (2) Claim reserves.  (3) Other reserves.  (3) Other reserves.  (4) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.  (2) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)).  (a) Other reserves.  (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.  (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.  (D) Dividence or policy, other than reported in Part I, line 2 above, report amount.  (D) Dividence or policy or policy other than reported in Part I, line 2 above, report amount.  (D) Dividence or policy		- 11						
(4) Claims charged.  C Remainder of premium: (1) Retention charges (on an accual basis) —  (A) Commissions		, ,				9b(3)		0
C Remainder of premium: (1) Retention charges (on an accrual basis) -  (A) Commissions								
(A) Commissions   9c(1)(A)   9c(1)(B)		( )				02(1)		
(B) Administrative service or other fees 9c(1)(B) 9c(1)(C) 9c(1)(C		, , , , , , , , , , , , , , , , , , , ,	*	9c(1)(Δ)			-	
(C) Other specific acquisition costs							-	
(D) Other expenses		• •					-	
(E) Taxes							-	
(F) Charges for risks or other contingencies		` '		0-/4\/5\			_	
(G) Other retention charges				- (1)(-)				
(H) Total retention. 9c(1)(H) 0  (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)							-	
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)						00(4)(U)		0
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		, ,						0
(2) Claim reserves								
(3) Other reserves		<b>d</b> Status of policyholder reserves at end of year: (1) A	mount held to provide	benefits after	r retirement	9d(1)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		(2) Claim reserves				9d(2)		
10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier		(3) Other reserves				9d(3)		
a Total premiums or subscription charges paid to carrier		e Dividends or retroactive rate refunds due. (Do not i	nclude amount entered	d in line <b>9c(2)</b>	.)	9e		
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.  Part IV Provision of Information  10b  Part IV Provision of Information  Yes X No	10	Nonexperience-rated contracts:						
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		a Total premiums or subscription charges paid to carr	ier			10a		38468
retention of the contract or policy, other than reported in Part I, line 2 above, report amount		<b>b</b> If the carrier, service, or other organization incurred	any specific costs in c	onnection wit	th the acquisition or			
Part IV Provision of Information  11 Did the insurance company fail to provide any information necessary to complete Schedule A?						10b		
11 Did the insurance company fail to provide any information necessary to complete Schedule A?		Specify nature of costs.						
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
11 Did the insurance company fail to provide any information necessary to complete Schedule A?								
The difference company fair to provide any information necessary to complete conclude 71	P	art IV Provision of Information						
12 If the answer to line 11 is "Yes," specify the information not provided.	11	Did the insurance company fail to provide any informati	on necessary to comp	lete Schedule	e A?	Yes	X No	

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

2021

This Form is Open to Public

For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and er	nding 12/31/2021			
A Name of plan GUM GUM, INC. EMPLOY	/EE BENEFITS	S PLAN			e-digit number (PN)	501		
C Plan sponsor's name a GUM GUM, INC.	C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.  D Employer Identification Number (EIN) 26-1276256							
		rning Insurance Contra Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance car COMPYSCH	rrier							
/L\	(c) NAIC	(d) Contract or	(e) Approximate no		Policy	or contract year		
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f) From	<b>(g)</b> To		
36-3739783	00000	EAP	196	i	01/01/2021	12/31/2021		
2 Insurance fee and commodescending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, brokers, ar	nd other persons in		
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount of fees paid	d		
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	les as needed to report all	persons).				
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees were paid			
(b) Amount of sales an	nd base	F	ees and other commissio	-				
commissions pai	d	(c) Amount		(d) Purpos	е	(e) Organization code		
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees were paid			
(b) Amount of sales and base Fees and other commissions paid								
commissions pai		(c) Amount		(d) Purpos	е	(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II			Short control of 199		
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e			
_		tracts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)	
	а		te participation guara		
		(3) guaranteed investment (4) other			
		(b) guaranteed investment (1) guarantee			
	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)		
		<b>)</b>			
		(C)Total additions		7c(6)	C
	А	(6)Total additions			0
		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)		
		•	- ( - /		
		,			
				<b>-</b> /->	-
		(5) Total deductions			0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0

Pa	Welfare Benefit Contract Information If more than one contract covers the same grout the information may be combined for reporting employees, the entire group of such individual of the same group of such individual of such individual	up of employees of the purposes if such conti	racts are ex	кре	rience-rated as a uni	t. Where co	ntracts cover in	rations(s), dividual
<b>8</b> E	Benefit and contract type (check all applicable boxes)			_			_	
á	a ☐ Health (other than dental or vision) b	Dental	С		Vision		<b>d</b> Life insur	ance
•	■ Temporary disability (accident and sickness) <b>f</b>	Long-term disabilit	y <b>g</b>		Supplemental unem	ployment	<b>h</b> Prescripti	on drug
i	i ☐ Stop loss (large deductible)	HMO contract	k	П	PPO contract		I Indemnity	contract
				ш			- <u> </u> ae,	33.11.431
•	m  ☐ Other (specify) ►EMPLOYEE ASSISTANCE PRO	JGRAIVI						
9 F	experience-rated contracts:							
	Premiums: (1) Amount received	[	9a(1)					
•	(2) Increase (decrease) in amount due but unpaid	İ	9a(2)					
	(3) Increase (decrease) in unearned premium reserve		9a(3)					
	(4) Earned ((1) + (2) - (3))	L				9a(4)		0
	<b>b</b> Benefit charges (1) Claims paid		9b(1)	Τ		., ou(.)		
	(2) Increase (decrease) in claim reserves	ľ	9b(2)					
	(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )	L				9b(3)		0
	(4) Claims charged					9b(4)		
	C Remainder of premium: (1) Retention charges (on ar			•••••		• • • • • • • • • • • • • • • • • • • •		
	(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	ſ	9c(1)(D)	_				
	(E) Taxes	ŀ	9c(1)(E)					
	(F) Charges for risks or other contingencies	İ	9c(1)(F)					
	(G) Other retention charges		9c(1)(G)					
	(H) Total retention					9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These am	ounts were paid in	cash, or	CI	redited.)	9c(2)		
	<b>d</b> Status of policyholder reserves at end of year: (1) Ar	<u>—</u>	-	-		9d(1)		
	(2) Claim reserves	·				9d(2)		
	(3) Other reserves					9d(3)		
	e Dividends or retroactive rate refunds due. (Do not in					9e		
10	Nonexperience-rated contracts:		•					
	a Total premiums or subscription charges paid to carrie	ər				10a		4704
	<b>b</b> If the carrier, service, or other organization incurred a	anv specific costs in c	onnection w	vith	the acquisition or			
	retention of the contract or policy, other than reported					10b		
5	Specify nature of costs.							
Pa	rt IV Provision of Information							
11	Did the insurance company fail to provide any information	n necessary to compl	ete Schedu	ıle i	Α? Π	Yes	X No	
	If the answer to line 11 is "Yes," specify the information is							

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

OMB No. 1210-0110

				Inspection			
For calendar plan year 20.	21 or fiscal plar	n year beginning 01/01/2021		and en	ding 12/3	1/2021	
A Name of plan GUM GUM, INC. EMPLO	YEE BENEFITS	S PLAN	I	B Three plan	e-digit number (PN	N) <b>•</b>	501
C Plan sponsor's name a GUM GUM, INC.	as shown on line	e 2a of Form 5500	1		yer Identific 276256	ation Number (	EIN)
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca PRE-PAID LEGAL SERVICE		EGALSHIELD					
41 N EIN I	(c) NAIC	(d) Contract or	(e) Approximate num			Policy or co	ontract year
(b) EIN	code	identification number	persons covered at e policy or contract y		(f)	From	<b>(g)</b> To
73-1016728	0000	207119	59		01/01/2021		12/31/2021
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. List	in line 3	the agents,	brokers, and o	her persons in
(a) Total a	amount of comr	· · · · · · · · · · · · · · · · · · ·		<b>(b)</b> To	tal amount	of fees paid	
		1317					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all pe	ersons).			
	(a) Name a	nd address of the agent, broker, o			ions or fees	were paid	
CHRISTA AUFDEMBERG			RITTANY WOODS DRIV CA 92780	Æ			
(b) Amount of sales ar	nd base	Fees	and other commissions	paid			
commissions pa	id	(c) Amount	(d	) Purpose	)		(e) Organization code
	977						4
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commissi	ions or fees	were paid	
SULLIVAN CURTIS MONR		5. 1920 MA	IN STREET, SUITE 600 CA 92614			·	
(b) Amount of sales ar	nd base	Fees	and other commissions	paid			
commissions pa		(c) Amount	(d	) Purpose	e		(e) Organization code
	340						4
For Department Deduction	n Act Notice	see the Instructions for Form Fi	500			Cahaa	lula A (Farm 5500) 2021

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II										
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e								
_		tracts With Allocated Funds:		<u> </u>						
	а	State the basis of premium rates								
	b	Premiums paid to carrier		6b						
	С	Premiums due but unpaid at the end of the year		6c						
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d						
		retention of the contract or policy, enter amount								
		Specify nature of costs								
	е	Type of contract: (1) individual policies (2) group deferred	d annuity							
		(3) other (specify)								
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>						
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)						
	а		te participation guara							
		(3) guaranteed investment (4) other								
		(b) guaranteed investment (1) guarantee								
	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)							
		<b>)</b>								
		(C)Total additions		7c(6)	C					
	А	(6)Total additions			0					
		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)							
		•	- ( - /							
		,								
				<b>-</b> /->	-					
		(5) Total deductions			0					
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0					

Pa	art I	III Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individual	oup of employees of the g purposes if such conf	racts are	expe	rience-rated as a un	it. Where co	ntracts cover in	
8	Rene	efit and contract type (check all applicable boxes)				одгод до д д гог р	a.p0000 0. t.		
	а Г	¬ '' ' '' '' ''	<b>b</b> Dental		· 🗆	Vision		d ☐ Life insur	ance
	느		<b>=</b>		느			브	
	e [		f ∐ Long-term disabili	-		Supplemental unem	ployment	h Prescript	
	i L	Stop loss (large deductible)	HMO contract	,	<b>(</b>	PPO contract		I Indemnity	contract
	m	X Other (specify) ▶LEGAL							
9 E	Expe	erience-rated contracts:							
		Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid.							
		(3) Increase (decrease) in unearned premium rese					0 (1)		
	_	(4) Earned ((1) + (2) - (3))			·····		. 9a(4)		0
		Benefit charges (1) Claims paid							
		(2) Increase (decrease) in claim reserves					01 (0)		0
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on		00/1)/ 0				-	
		(A) Commissions		9c(1)(A 9c(1)(B				_	
		(B) Administrative service or other fees		9c(1)(C					
		(D) Other expenses		9c(1)(D					
		(E) Taxes		9c(1)(E	•				
		(F) Charges for risks or other contingencies		A /4\/=	_				
		(G) Other retention charges							
		(H) Total retention					9c(1)(H)	1	C
		(2) Dividends or retroactive rate refunds. (These a	_		_		9c(2)		
		Status of policyholder reserves at end of year: (1)					9d(1)		
	_	(2) Claim reserves	·				9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not					9e		
10	Nor	onexperience-rated contracts:			. , ,	,			
	а	Total premiums or subscription charges paid to ca	rrier				10a		5710
	b	If the carrier, service, or other organization incurre	d anv specific costs in o	connection	with	n the acquisition or			
		retention of the contract or policy, other than repor					10b		
	Spec	cify nature of costs.							
Pa	art l'	IV Provision of Information							
11	Did	d the insurance company fail to provide any informa	tion necessary to comp	lete Sched	dule	A?	Yes	X No	
		he answer to line 11 is "Yes," specify the information							

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

OMB No. 1210-0110

						rm is Open to Public Inspection				
For calendar plan yea	r 2021 or fiscal pl	an year beginning 01/01/2021		and er	nding 12/31/	2021				
A Name of plan GUM GUM, INC. EMP	PLOYEE BENEFI	TS PLAN			ee-digit n number (PN	) <b>-</b>	501			
C Plan sponsor's nar GUM GUM, INC.	C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.					D Employer Identification Number (EIN) 26-1276256				
	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.									
1 Coverage Informat	ion:									
(a) Name of insurance THE LINCOLN NATION		ANCE COMPANY								
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a				contract year			
(b) Liiv	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To			
35-0472300	65676	1D040149	212	212 01/01/2021			12/31/2021			
2 Insurance fee and descending order of		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, b	rokers, and	other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid										
		19843					1192			
3 Persons receiving	commissions and	fees. (Complete as many entrie	es as needed to report all	persons).						
	<b>(a)</b> Name	and address of the agent, broke	er, or other person to who	m commiss	sions or fees v	vere paid				
SULLIVAN CURTIS MO	ONROE INS. SVC		MAIN STREET, SUITE 60 IE, CA 92614	00						
(b) Amount of sale	es and hase	F	ees and other commission	ns paid						
commission		(c) Amount		(d) Purpos	se		(e) Organization code			
	19843	1192	BONUS				3			
	(a) Name	and address of the agent, broke	er or other nerson to who	m commiss	sions or fees v	vere naid				
	(a) Name	and address of the agent, broke	or, or dater person to who	TI COMMINICO	30110 01 1000 1	voto para				
(b) Amount of sales and base Fees and other commissions paid										
commissions paid (c) Amount			(d) Purpose				(e) Organization code			

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II										
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e								
_		tracts With Allocated Funds:		<u> </u>						
	а	State the basis of premium rates								
	b	Premiums paid to carrier		6b						
	С	Premiums due but unpaid at the end of the year		6c						
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d						
		retention of the contract or policy, enter amount								
		Specify nature of costs								
	е	Type of contract: (1) individual policies (2) group deferred	d annuity							
		(3) other (specify)								
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>						
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)						
	а		te participation guara							
		(3) guaranteed investment (4) other								
		(b) guaranteed investment (1) guarantee								
	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)							
		<b>)</b>								
		(C)Total additions		7c(6)	C					
	А	(6)Total additions			0					
		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)							
		•	- ( - /							
		,								
				<b>-</b> /->	-					
		(5) Total deductions			0					
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0					

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group of employee the information may be combined for reporting purposes if suc	es of the same em	plog	yer(s) or members of erience-rated as a unit	the same e	mployee orgar	nizations(s), ndividual
		employees, the entire group of such individual contracts with						
8	Bene	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	c	; 🗌	Vision		d Life insu	ırance
	е	☐ Temporary disability (accident and sickness) <b>f</b> ☐ Long-term of	disability <b>Q</b>	ıΠ	Supplemental unemp	oloyment	h Prescrip	tion drug
	i 🖺	Stop loss (large deductible) j HMO contra	act <b>k</b>	ιΠ	PPO contract		I Indemni	ty contract
	m [						<b>—</b>	
	∟							
<b>9</b> 1	Expe	perience-rated contracts:						
	a F	Premiums: (1) Amount received	9a(1)					
		(2) Increase (decrease) in amount due but unpaid						
		(3) Increase (decrease) in unearned premium reserve						
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid	9b(1)					
		(2) Increase (decrease) in claim reserves	9b(2)					
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual basis	)					
		(A) Commissions	9c(1)(A	)				
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs		_				
		(D) Other expenses		_				
		(E) Taxes		_				
		(F) Charges for risks or other contingencies		_				
		(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	С	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to p	9d(1)					
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do not include amount	entered in line <b>9c</b>	(2).	)	9e		
10	No	onexperience-rated contracts:						
	а	Total premiums or subscription charges paid to carrier				10a		132289
		If the carrier, service, or other organization incurred any specific corretention of the contract or policy, other than reported in Part I, line				10b		
	art I	IV Provision of Information						
						V	<u> </u>	
		id the insurance company fail to provide any information necessary to		ule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information 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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).				).			Inspection		
For calendar plan year 202	21 or fiscal pla	an year beginning 01/01/2021		and er	nding 12/3	1/2021			
A Name of plan GUM GUM, INC. EMPLOY	YEE BENEFIT	S PLAN			e-digit number (P	N) <b>•</b>	501		
C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.  D Employer Identification 26-1276256						cation Number (	EIN)		
	on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca THE LINCOLN NATIONAL		NCE COMPANY							
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	entract year		
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To		
35-0472300	65676	10257150	235	5	01/01/2021		12/31/2021		
2 Insurance fee and come descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in		
(a) Total a	amount of com	nmissions paid		<b>(b)</b> To	otal amount	of fees paid			
		2464					319		
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).					
		and address of the agent, broke			sions or fees	were paid			
SULLIVAN CURTIS MONR	OE INS. SVC	S. 1920 IRVIN	MAIN STREET, SUITE 6 IE, CA 92614	00					
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code		
	2464	319	BONUS				3		
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	sions or fees	were paid			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part II										
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e								
_		tracts With Allocated Funds:		<u> </u>						
	а	State the basis of premium rates								
	b	Premiums paid to carrier		6b						
	С	Premiums due but unpaid at the end of the year		6c						
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d						
		retention of the contract or policy, enter amount								
		Specify nature of costs								
	е	Type of contract: (1) individual policies (2) group deferred	d annuity							
		(3) other (specify)								
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>						
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)						
	а		te participation guara							
		(3) guaranteed investment (4) other								
		(b) guaranteed investment (1) guarantee								
	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)							
		<b>)</b>								
		(C)Total additions		7c(6)	C					
	А	(6)Total additions			0					
		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)							
		•	- ( - /							
		,								
				<b>-</b> /->	-					
		(5) Total deductions			0					
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0					

Pa	art I	Welfare Benefit Contract Information If more than one contract covers the same group of the information may be combined for reporting purp	f employees of the sposes if such contra	same emp	oloyer(s)	or members of	f the same er iit. Where co	mployee or	ganizations(s), rer individual
		employees, the entire group of such individual cont	racts with each car	rier may be	e treated	as a unit for p	ourposes of the	nis report.	
8	Bene	nefit and contract type (check all applicable boxes)		-	_			_	
	а	Health (other than dental or vision) <b>b</b> [	Dental	С	Visior	า		<b>d</b> Life i	nsurance
	е	Temporary disability (accident and sickness) <b>f</b> X	ong-term disability	g	Suppl	lemental unem	nployment	h Pres	cription drug
	iΓ	Stop loss (large deductible) j	HMO contract	k	PPO	contract		I Inder	mnity contract
	m	Other (specify)		-				_	
	L								
<b>9</b> [	хре	erience-rated contracts:							
	a F	Premiums: (1) Amount received		9a(1)					
		(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium reserve		9a(3)					
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	_	Benefit charges (1) Claims paid	_	9b(1)					
		(2) Increase (decrease) in claim reserves		9b(2)					
		(3) Incurred claims (add (1) and (2))					9b(3)		0
		(4) Claims charged					9b(4)		
	С	Remainder of premium: (1) Retention charges (on an ac	crual basis)						
		(A) Commissions	<u> </u>	9c(1)(A)					
		(B) Administrative service or other fees		9c(1)(B)					
		(C) Other specific acquisition costs		9c(1)(C)					
		(D) Other expenses		9c(1)(D)					
		(E) Taxes		9c(1)(E)					
		(F) Charges for risks or other contingencies		9c(1)(F)					
		(G) Other retention charges		9c(1)(G)					
		(H) Total retention					9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These amoun	ts were paid in c	ash, or	credited	d.)	9c(2)		
		Status of policyholder reserves at end of year: (1) Amou		لسنا					
		(2) Claim reserves	•						
		(3) Other reserves							
	е	Dividends or retroactive rate refunds due. (Do not include					9e		-
10		onexperience-rated contracts:		,					
	а	Total premiums or subscription charges paid to carrier					10a		16428
	b	If the carrier, service, or other organization incurred any	specific costs in cor	nnection w	ith the a	cauisition or			
	~	retention of the contract or policy, other than reported in					10b		
	Spec	ecify nature of costs.							
D-	rt I	IV Provision of Information							
	rt l						1 Vaa	V Na	
		d the insurance company fail to provide any information no		te Schedul	le A?		Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information not p	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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2)			).			Inspection			
For calendar plan year 202	21 or fiscal pla	n year beginning 01/01/2021		and en	nding 12/3	1/2021			
A Name of plan GUM GUM, INC. EMPLOY	YEE BENEFIT	S PLAN			e-digit number (P	N) <b>•</b>	501		
C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.  D Employer Identification No. 26-1276256						cation Number (I	EIN)		
	on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca HARTFORD LIFE AND ACC									
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ntract year		
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To		
06-0838648	70815	ETB151252	235	01/01/2021		1	12/31/2021		
2 Insurance fee and come descending order of the		ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and ot	her persons in		
(a) Total a	amount of com	missions paid		<b>(b)</b> To	otal amount	of fees paid			
		143					0		
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).					
		and address of the agent, broke			sions or fees	s were paid			
SULLIVAN CURTIS MONR	OE INS. SVC		MAIN STREET, SUITE 6 E, CA 92614	00					
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions pai		(c) Amount		(d) Purpos	е		(e) Organization code		
	143						3		
	(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	sions or fees	were paid			
						·			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid					
commissions paid		(c) Amount		(d) Purpos	е		(e) Organization code		

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part l								
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e						
_		tracts With Allocated Funds:		<u> </u>				
	а	State the basis of premium rates						
	b	Premiums paid to carrier		6b				
	С	Premiums due but unpaid at the end of the year		6c				
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d				
		retention of the contract or policy, enter amount						
		Specify nature of costs						
	е	Type of contract: (1) individual policies (2) group deferred	d annuity					
		(3) other (specify)						
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)				
	а		te participation guara					
		(3) guaranteed investment (4) other						
		(b) guaranteed investment (1) guarantee						
	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)					
		<b>)</b>						
		(C)Total additions		7c(6)	C			
	А	(6)Total additions			0			
		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)					
		•	- ( - /					
		,						
				<b>-</b> /->	-			
		(5) Total deductions			0			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0			

Pa	art III	Welfare Benefit Contract Informalify more than one contract covers the same the information may be combined for report employees, the entire group of such individuals.	group of employees of th ing purposes if such con	tracts are	expe	erience-rated as a un	it. Where co	ntracts co	ver individual
8	Benefit	t and contract type (check all applicable boxes)							
	_	Health (other than dental or vision)	<b>b</b> Dental		сГ	Vision		<b>d</b> ☐ Life	insurance
	믐		. H			1			
	- 범	, , , , , , , , , , , , , , , , , , , ,	f Long-term disabil		- =	Supplemental unen	npioyment	- =	scription drug
	' <u> </u>	Stop loss (large deductible)	j   HMO contract		K _	PPO contract		I Inde	emnity contract
	m X	Other (specify) BUSINESS TRAVEL ACCID	ENT						
<b>9</b> E	Experie	ence-rated contracts:							
	<b>a</b> Pre	emiums: (1) Amount received		9a(1)	)				
	(2	) Increase (decrease) in amount due but unpaid	t	9a(2)	)				
	(3	) Increase (decrease) in unearned premium res	erve	9a(3)	)				
	(4	) Earned ( <b>(1)</b> + <b>(2)</b> - <b>(3)</b> )					9a(4)		0
	<b>b</b> B	enefit charges (1) Claims paid		9b(1)	)				
	(2	) Increase (decrease) in claim reserves		9b(2)	)				
	(3	) Incurred claims (add <b>(1)</b> and <b>(2)</b> )					9b(3)		0
	(4	) Claims charged					9b(4)		
	<b>C</b> R	emainder of premium: (1) Retention charges (c	n an accrual basis)						
		(A) Commissions		9c(1)(/	4)				
		(B) Administrative service or other fees		9c(1)(I	3)				
		(C) Other specific acquisition costs		9c(1)(0	2)				
		(D) Other expenses		9c(1)([	))				
		(E) Taxes		9c(1)(E	Ξ)				
		(F) Charges for risks or other contingencies .		9c(1)(F	=)				
		(G) Other retention charges		9c(1)(0	3)				
		(H) Total retention					9c(1)(H)		0
	(2	2) Dividends or retroactive rate refunds. (These	amounts were paid i	n cash, or		credited.)	9c(2)		
	d S	tatus of policyholder reserves at end of year: (1	) Amount held to provide	benefits a	 after	retirement			
		2) Claim reserves					9d(2)		
	•	B) Other reserves					9d(3)		-
	,	ividends or retroactive rate refunds due. (Do n					9e		
10		experience-rated contracts:			. ,	,			
	<b>а</b> т	otal premiums or subscription charges paid to o	arrier				10a		950
	<b>b</b> If	the carrier, service, or other organization incur	ed any specific costs in o	connection	n wit	h the acquisition or			
		etention of the contract or policy, other than rep					10b		
	Specif	y nature of costs.					•		
Pa	rt IV	Provision of Information							
11	Did th	ne insurance company fail to provide any inform	nation necessary to comp	lete Sche	dule	A?	Yes	X No	
12	If the	answer to line 11 is "Yes," specify the informat	ion 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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2021

This Form is Open to Public

pursuant to ERISA section 103(a)(2).			).			Inspection	
For calendar plan year 20	21 or fiscal pla	n year beginning 01/01/2021		and en	iding 12/3	1/2021	
A Name of plan GUM GUM, INC. EMPLO	YEE BENEFIT	'S PLAN		<b>B</b> Three-digit			501
COM COM, INC. EMI EGTEE BENEFITOTEM				plan	number (Pl	V) •	301
C Plan sponsor's name a	as shown on lir	ne 2a of Form 5500		<b>D</b> Emplo	yer Identific	ation Number (	EIN)
GUM GUM, INC.				26-	1276256		
	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.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
94-1632821	00000	30093937	221	01/01/2021			12/31/2021
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents,	brokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		2417					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).			
		and address of the agent, broke			ions or fees	were paid	
SULLIVAN CURTIS MONR	ROE INS. SVC		MAIN STREET, SUITE 6 E, CA 92614	00			
(b) Amount of sales ar	nd hase	Fe	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code
	2417						3
	(a) Name	and address of the agent, broke	r, or other person to who	m commiss	ions or fees	were paid	
	. ,	<b>.</b>	•			•	
(b) Amount of sales ar	nd base	Fe	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part l								
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e						
_		tracts With Allocated Funds:		<u> </u>				
	а	State the basis of premium rates						
	b	Premiums paid to carrier		6b				
	С	Premiums due but unpaid at the end of the year		6c				
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d				
		retention of the contract or policy, enter amount						
		Specify nature of costs						
	е	Type of contract: (1) individual policies (2) group deferred	d annuity					
		(3) other (specify)						
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)				
	а		te participation guara					
		(3) guaranteed investment (4) other						
		(b) guaranteed investment (1) guarantee						
	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)					
		<b>)</b>						
		(C)Total additions		7c(6)	C			
	А	(6)Total additions			0			
		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			0			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0			

Pa	rt I	Welfare Benefit Contract Informa	ition					
		If more than one contract covers the same of the information may be combined for reportion employees, the entire group of such individual	ng purposes if such conti	racts are expe	erience-rated as a un	it. Where co	ontracts cover in	
8	Bene	efit and contract type (check all applicable boxes)			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	аГ	Health (other than dental or vision)	<b>b</b> Dental	c X	Vision		<b>d</b> Life insur	ance
	<u> </u>	<u>'</u>	<u> </u>		ļ.	nloven ont	<b>=</b>	
,	e   .		f Long-term disabilit		Supplemental unem	pioyment	h Prescript	_
	' <u> </u>	Stop loss (large deductible)	j HMO contract	K 🗌	PPO contract		I Indemnity	/ contract
	m _	Other (specify)						
							1	
		rience-rated contracts:	Γ	2 (1)				
•		Premiums: (1) Amount received	ŀ	9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)			_	
		(3) Increase (decrease) in unearned premium res	•	9a(3)		00(4)		0
	_	(4) Earned ((1) + (2) - (3))	ſ	9b(1)		9a(4)		0
		Benefit charges (1) Claims paid	ľ	9b(1) 9b(2)				
		(2) Increase (decrease) in claim reserves(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged(4)				9b(4)		
		Remainder of premium: (1) Retention charges (or				0.5(1)		
	-	(A) Commissions	·	9c(1)(A)				
		(B) Administrative service or other fees	ŀ	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)		
10		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	I in line 9c(2).	)	9e		
10		nexperience-rated contracts:	arriar			100		0.4074
	_	Total premiums or subscription charges paid to ca				10a		24271
		If the carrier, service, or other organization incurre retention of the contract or policy, other than repo				10b		
;	Spec	cify nature of costs.	inted in Francis, line 2 above	c, report amo	unt	100		
Pa	rt l'	V Provision of Information					_	
11	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	X No	
12	If th	e answer to line 11 is "Yes," specify the information	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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public

pursuant to ERISA section 103(a)(2).			Inspection					
For calendar plan year 20.	21 or fiscal plar	n year beginning 01/01/2021		and en	ding 12/31	1/2021		
A Name of plan GUM GUM, INC. EMPLO	YEE BENEFITS	S PLAN		<b>B</b> Thre	e-digit number (PN	N) <b>•</b>	501	
C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.  D Employer Identification Number (EIN 26-1276256						EIN)		
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.								
1 Coverage Information:								
(a) Name of insurance ca UNITED HEALTHCARE IN		MPANY						
41 \ FIN	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
36-2739571	79413	906235	334		01/01/2021		12/31/2021	
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	al commissions paid. Li	st in line 3	the agents,	brokers, and o	ther persons in	
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid							
		78602					0	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).				
		and address of the agent, broker,			ions or fees	were paid		
SULLIVAN CURTIS MONR	OE INS. SVCS		AIN STREET, SUITE 60 CA 92614	00				
(b) Amount of sales ar	nd base	Fee	s and other commissior	ns paid				
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code	
	78602						3	
	(a) Name a	and address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid		
			·			·		
(b) Amount of sales and base Fees and other commissions paid								
commissions pa		(c) Amount		(d) Purpos	е		(e) Organization code	

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part l								
		Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with ea	acn carrier may be treated as a u	ınıt 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 e						
_		tracts With Allocated Funds:		<u> </u>				
	а	State the basis of premium rates						
	b	Premiums paid to carrier		6b				
	С	Premiums due but unpaid at the end of the year		6c				
	d	If the carrier, service, or other organization incurred any specific costs in con-	nnection with the acqu	isition or 6d				
		retention of the contract or policy, enter amount						
		Specify nature of costs						
	е	Type of contract: (1) individual policies (2) group deferred	d annuity					
		(3) other (specify)						
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>→</b>				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)				
	а		te participation guara					
		(3) guaranteed investment (4) other						
		(b) guaranteed investment (1) guarantee						
	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)					
		<b>)</b>						
		(C)Total additions		7c(6)	C			
	А	(6)Total additions			0			
		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			0			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	0			

F	Part I	Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu	roup of employees of the ng purposes if such cont	racts are e	xperience-rated as a uni	t. Where co	ontracts cover individual
8	Ben	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty <b>g</b>	Supplemental unem	nlovment	h X Prescription drug
	i [	Stop loss (large deductible)	j HMO contract		PPO contract	pioymoni	I Indemnity contract
	' L		] I I I I I I I I I I I I I I I I I I I	, ,	T T O CONTIACT		I I indefinity contract
	m	Other (specify)					
0							
9	•	erience-rated contracts:	ĺ	0-(4)	1		
	a i	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium rese		9a(3)		0-/4\	
	_	(4) Earned ((1) + (2) - (3))	i			9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			_
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	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)			
		(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 aft	ter retirement	9d(1)	
		(2) Claim reserves	•			9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no				9e	
10	) No	nexperience-rated contracts:			( ) /		
	а	Total premiums or subscription charges paid to ca	arrier			10a	146044
	b	If the carrier, service, or other organization incurre	ed any specific costs in c	onnection v	with the acquisition or		
		retention of the contract or policy, other than repo	, .		•	10b	
	Spe	cify nature of costs.					
P	art I	V Provision of Information					
			-0	-1- 0 ! !	П- 40	Yes	X No
		the insurance company fail to provide any information		ete Schedi	uie A?	162	X No
12	∠ If ti	he answer to line 11 is "Yes," specify the information	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.

Insurance companies are required to provide the information

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).				I his Fo	rm is Open to Public Inspection		
For calendar plan ye	ear 2021 or fiscal p	lan year beginning 01/01/2021		and er	nding 12/31	/2021	
A Name of plan GUM GUM, INC. EN	MPLOYEE BENEFI	TS PLAN			ee-digit n number (PN	) •	501
C Plan sponsor's name as shown on line 2a of Form 5500 GUM GUM, INC.  D Employer Identification Number (EIN 26-1276256						(EIN)	
	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.						
1 Coverage Informa	ation:						
(a) Name of insurar		ANCE COMPANY			_		
<b>(b)</b> EIN	(c) NAIC	` '	(e) Approximate nu persons covered a				ontract year
(5) 2.11	code	identification number	policy or contrac		(f)	From	<b>(g)</b> To
35-0472300	65676	10257149	235	235 01/01/2021			12/31/2021
	d commission infor	mation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents, b	rokers, and o	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
	2062 275						
3 Persons receiving	g commissions and	I fees. (Complete as many entrie	es as needed to report all	persons).			
		and address of the agent, broke			sions or fees v	were paid	
SULLIVAN CURTIS N	MONROE INS. SV		MAIN STREET, SUITE 6 IE, CA 92614	00			
(b) Amount of sa	ales and hase	F	ees and other commission	ns paid			
commissio		(c) Amount		(d) Purpos	se		(e) Organization code
	2062	275	BONUS	ONUS		3	
	(a) Name	and address of the agent, broke	er or other person to who	m commiss	sions or fees v	were naid	
	(a) Name	and address of the agent, prote	or, or other person to who	TI COMMINICO	00110 01 1000 1	vere para	
(b) Amount of sa	ales and hase	F	ees and other commission	ns paid			
commissio		(c) Amount		(d) Purpos	se	·	(e) Organization code

<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Face and other consistence and d	(-)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			( )
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Nar	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Part l			a complete and the first of the				
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with eac	n carrier may be treated as a unit t	or 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 e					
_		racts With Allocated Funds:	1				
	а	State the basis of premium rates					
	b	Premiums paid to carrier		6b			
	С	Premiums due but unpaid at the end of the year		6c			
	d	If the carrier, service, or other organization incurred any specific costs in con-	ition or 6d				
		retention of the contract or policy, enter amount					
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferred					
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	<b>→</b> □			
7	Cont	tracts With Unallocated Funds (Do not include portions of these contracts ma	counts)				
	а						
	-						
		(3) ☐ guaranteed investment (4) ☐ other ▶					
	<b>L</b>	Delegan at the analysis to a second		76			
	b	Balance at the end of the previous year		7b			
	С	Additions: (1) Contributions deposited during the year	7c(1) 7c(2)				
		(2) Dividends and credits	7c(3)				
		(3) Interest credited during the year	7c(4)				
			7c(5)				
		(5) Other (specify below)	70(3)				
				- (2)			
		(6)Total additions		- · · · ·	0		
		Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )		7d	0		
	е	Deductions:	7-(4)				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
		(2) Administration charge made by carrier	7e(2)				
		(3) Transferred to separate account	7e(3)				
		(4) Other (specify below)	7e(4)				
		•					
		(5) Total deductions		7e(5)	0		
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )			0		

Pa	art I	Welfare Benefit Contract If more than one contract cover the information may be combine employees, the entire group of the contract of the con	s the same group o	poses if such conti	racts are exp	erience-rated as a u	nit. Where co	ntracts cover i	nizations(s), ndividual
8	Ben	nefit and contract type (check all application	able boxes)						
	а	Health (other than dental or vision)	b∏	Dental	С	Vision		d X Life insu	ırance
	еĪ	Temporary disability (accident and	sickness) <b>f</b>	Long-term disabilit	v a	Supplemental unei	mplovment	h Prescrip	otion drua
	i [	Stop loss (large deductible)		HMO contract		PPO contract			ty contract
	' L				N_	] FFO contract			ty contract
	m	X Other (specify) ► ACCIDENTAL D	EATH & DISMEMB	ERMENT					
_		arian a sata di a sata ata							
		Promittee (1) Amount received		İ	00(4)			-	
		Premiums: (1) Amount received			9a(1)			_	
		(2) Increase (decrease) in amount du			9a(2)			-	
		(3) Increase (decrease) in unearned p			9a(3)		00(4)		
	h	(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid			9b(1)				
		(2) Increase (decrease) in claim reser			9b(2)		0h/2)		0
		(3) Incurred claims (add (1) and (2))						+	
	_	(4) Claims charged					. 9b(4)		
	С	Remainder of premium: (1) Retention		•	2 (4)(4)			_	
		(A) Commissions			9c(1)(A)			_	
		(B) Administrative service or othe			9c(1)(B)			_	
		(C) Other specific acquisition cos			9c(1)(C)			_	
		(D) Other expenses			9c(1)(D)				
		(E) Taxes			9c(1)(E)				
		(F) Charges for risks or other con	-		9c(1)(F)			_	
		(G) Other retention charges	•••••		9c(1)(G)				
		(H) Total retention		_	_		· · · · ·		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							
(2) Claim reserves						. 9d(2)			
		(3) Other reserves					. 9d(3)		
	Dividends or retroactive rate refunds due. (Do not include amount entered				I in line <b>9c(2)</b>	.)	. 9е		
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription charg	es paid to carrier				. 10a		13745
	b	If the carrier, service, or other organization	ration incurred any	specific costs in c	onnection wit	th the acquisition or			
	-	retention of the contract or policy, oth					. 10b		
	Spe	ecify nature of costs.	·						
	art l	IV Provision of Information	n						
					oto Cala del	. Да Г	Yes	X No	-
		d the insurance company fail to provide			ete Schedule	# A !	169	NU	
12	If ti	the answer to line 11 is "Yes," specify t	he information not	provided. 🕨					