Stock Yards® Bank & Trust
SINCE 1904
P.O. BOX 32890
LOUISVILLE, KY 40232

Return Service Requested

Statement Date: 05/29/2026
Primary Account: XXXXXXXXXXX3326

INDEPENDENT INSURANCE AGENTS OF KY INC
DBA BIG I KENTUCKY
COMMISSION
13265 OBANNON STATION WAY
LOUISVILLE KY 40223-4188

Business Money Market - TM ACCOUNT XXXXXXXXXXX3326

		LAST STATEMENT 04/30/26	84,678.26
INTEREST THIS STATEMENT	9.31	5 CREDITS	15,367.43
INTEREST P2026	100.18	2 DEBITS	60,000.00
MINIMUM BALANCE	39,941.79	THIS STATEMENT 05/29/26	40,045.69
AVG AVAILABLE BALANCE	58,604.38		
AVERAGE BALANCE	58,604.38		

TOTAL DAYS IN STATEMENT PERIOD 05/01/26 THROUGH 05/29/26: 29

OTHER CREDITS

DESCRIPTION	DATE	AMOUNT
Arlington Roe Trans MM to Comm AGT06690 050426	05/05	709.45
Swiss Re Trans MM to Comm Mar May 051126	05/11	14,428.92
STANDARD INS COMMISSION XXXXXX2583	05/15	125.16
STANDARD INS COMMISSION XXXXXX2583	05/29	94.59
INTEREST AT .199900 %	05/29	9.31

OTHER DEBITS

DESCRIPTION	DATE	AMOUNT
Trans from Comm to OP to replenish balance 050526	05/05	30,000.00
Trans Comm to OP to replenish account 052026	05/20	30,000.00

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS

Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see Terms and Conditions of your Account Agreement that governs your account.

THE FOLLOWING APPLIES TO ELECTRONIC FUND TRANSFERS INVOLVING A CONSUMER ACCOUNT

In Case of Errors or Questions About Your Electronic Transfers, Telephone us at (502) 582-2571 • (800) 625-9066 or Write us at P.O. Box 32890, Louisville, KY 40232 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

PREAUTHORIZED TRANSFERS TO A CONSUMER ACCOUNT

If you are the recipient of preauthorized deposits, you may contact us at (502) 582-2571 or (800) 625-9066 during normal business hours in order to confirm receipt of a preauthorized deposit.

PRIVACY NOTICE

Privacy Notice—Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at https://syb.com/privacy-policy or we will mail you a free copy upon request if you call us at 1-800-625-9066.

WITHDRAWALS OUTSTANDING-
NOT CHARGED TO ACCOUNT

THIS FORM IS PROVIDED TO HELP YOU BALANCE YOUR STATEMENT

BEFORE YOU START -

PLEASE BE SURE YOU HAVE ENTERED IN YOUR AUTOMATIC TRANSACTIONS SHOWN ON THE FRONT OF YOUR STATEMENT.

YOU SHOULD HAVE ADDED IF ANY OCCURRED:
1. Loan advances.
2. Credit memos.
3. Other automatic deposits.

YOU SHOULD HAVE SUBTRACTED IF ANY OCCURRED:
1. Automatic loan payments.
2. Automatic savings transfers.
3. Service charges.
4. Debit memos.
5. Other automatic deductions and payments.

BALANCE SHOWN ON THIS STATEMENT $ ______

ADD

DEPOSITS NOT SHOWN ON THIS STATEMENT (IF ANY) $ ______

______

______

TOTAL $ ______

SUBTRACT -

WITHDRAWALS OUTSTANDING $ ______

BALANCE $ ______

SHOULD AGREE WITH YOUR REGISTER BALANCE AFTER DEDUCTING SERVICE CHARGE (IF ANY) SHOWN ON THIS STATEMENT.

DAILY BALANCE					
DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
05/05	55,387.71	05/15	69,941.79	05/29	40,045.69
05/11	69,816.63	05/20	39,941.79		

Big I Kentucky

1060 SYB Commission, Period Ending 05/29/2026

RECONCILIATION REPORT

Reconciled on: 06/08/2026

Reconciled by: Jennifer Hurt

Any changes made to transactions after this date aren't included in this report.

Summary

	USD
Statement beginning balance	84,678.26
Checks and payments cleared (2)	-60,000.00
Deposits and other credits cleared (5)	15,367.43
Statement ending balance	40,045.69
Uncleared transactions as of 05/29/2026	839.24
Register balance as of 05/29/2026	40,884.93

Details

Checks and payments cleared (2)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
05/05/2026	Transfer			-30,000.00
05/20/2026	Transfer			-30,000.00
Total				-60,000.00

Deposits and other credits cleared (5)

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
05/05/2026	Transfer			709.45
05/11/2026	Transfer			14,428.92
05/15/2026	Deposit		Elevance Health "Anthem" Co...	125.16
05/29/2026	Deposit			9.31
05/29/2026	Deposit		Elevance Health "Anthem" Co...	94.59
Total				15,367.43

Additional Information

Uncleared deposits and other credits as of 05/29/2026

DATE	TYPE	REF NO.	PAYEE	AMOUNT (USD)
08/08/2025	Expense			839.24
Total				839.24