

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 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MEDISAVE 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2006</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MEDICITY INC.</u> <u>56 EAST BROADWAY 6TH FLOOR</u> <u>SALT LAKE CITY, UT 84111</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0807547</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>801-322-4444</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0807547</u>	2c Sponsor's telephone number <u>801-322-4444</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>33-0807547</u>					
2c Sponsor's telephone number <u>801-322-4444</u>					
2d Business code (see instructions) <u>541990</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2010	DAVID URRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2010	JAMES LASSETTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

MEDICITY INC.

56 EAST BROADWAY 6TH FLOOR
SALT LAKE CITY, UT 84111**3b** Administrator's EIN

33-0807547

3c Administrator's telephone number

801-322-4444

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

164

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

159

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

13

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

172

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

172

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

107

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

9

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☐

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDISAVE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. MEDICITY INC.	D Employer Identification Number (EIN) 33-0807547	

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 carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G34601	107	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3199	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JONATHAN H PINNOCK 4525 SOUTH WASATCH BLVD 250 SALT LAKE CITY, UT 84124

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3199	0	N/A	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	240323
5 Current value of plan's interest under this contract in separate accounts at year end	5	2246892

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

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

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

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

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

b Balance at the end of the previous year	7b	105045
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	148280	
	7c(2)		
	7c(3)	5944	
	7c(4)	36083	
	7c(5)		

(6) Total additions	7c(6)	190307
---------------------------	--------------	--------

d Total of balance and additions (add b and c(6)).	7d	295352
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2032	
(2) Administration charge made by carrier	7e(2)	499	
(3) Transferred to separate account	7e(3)	52498	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	55029
----------------------------	--------------	-------

f Balance at the end of the current year (subtract e(5) from d)	7f	240323
---	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDISAVE 401K PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICITY INC.		D Employer Identification Number (EIN) 33-0807547

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AIM VARIABLE INSURANCE FUNDS
74-1881364

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AM CENT INVESTMENT SERVICES INC
20-2036524

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MGMT COMPANY
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY VARIABLE INS PRODUCTS FUND
04-2270522

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON FUNDS

94-3382187

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS TRUST

13-4166989

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN ADVISERS MGT TRUST

13-5521910

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ONEAMERICA FUNDS INC.

35-0145825

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO FUNDS & ALLIANZ FUNDS

06-1349805

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANK RUSSELL INVESTMENT COMPANY

91-1175092

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T ROWE PRICE FUNDS

52-1184650

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 52 59 60 63 64 66 67	SERVICE PROVIDER	819	Yes ☒ No ☐	Yes ☐ No ☒	15504	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	15504

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN UNITED LIFE INSURANCE CO 35-0145825	ASSET CHARGE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM VARIABLE INSURANCE FUNDS 74-1881364	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM CENT INVESTMENT SERVICES INC 20-2036524	REVENUE SHARING FORMULA SEE ATTACHED

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAPITAL RESEARCH & MGMT COMPANY 95-1411037	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY VARIABLE INS PRODUCTS FUND 04-2270522	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN TEMPLETON FUNDS 94-3382187	REVENUE SHARING FORMULA SEE ATTACHED	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GOLDMAN SACHS TRUST 13-4166989	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN ADVISERS MGT TRUST 13-5521910	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA SEE ATTACHED

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIMCO FUNDS & ALLIANZ FUNDS 06-1349805	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANK RUSSELL INVESTMENT COMPANY 91-1175092	REVENUE SHARING FORMULA SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA SEE ATTACHED

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE FUNDS 52-1184650	REVENUE SHARING FORMULA SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan MEDISAVE 401K PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEDICITY INC.				D Employer Identification Number (EIN) 33-0807547	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II					
b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO.					
c EIN-PN 35-0145825-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2246892	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDISAVE 401K PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDICITY INC.	D Employer Identification Number (EIN) 33-0807547	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10116	13464
(2) Participant contributions	1b(2)	16211	24461
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1014615	2246892
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	105045	240323
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1145987	2525140

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1145987	2525140
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	309934	
(B) Participants	2a(1)(B)	549350	
(C) Others (including rollovers)	2a(1)(C)	65701	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		924985

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5944	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5944

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		481120
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1412049

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28663	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		28663
f Corrective distributions (see instructions)	2f		3414
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	819	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		819
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32896

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1379153
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: TANNER LC

(2) EIN: 20-2253063

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MEDISAVE 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDICITY INC.</u>	D Employer Identification Number (EIN) <u>33-0807547</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0145825</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

MEDISAVE 401(k) PLAN

Financial Statements and Supplemental Schedule

**As of December 31, 2009 and 2008
and For the Year Ended December 31, 2009**

Together with Independent Auditors' Report



215 South State Street, Suite 800
Salt Lake City, Utah 84111
Telephone (801) 532-7444
Fax (801) 532-4911
www.tannerco.com

TANNER LC
THE CRITICAL KNOWLEDGE SOURCE
BUSINESS ADVISORS
AND CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrators MediSave 401(k) Plan

We were engaged to audit the accompanying statement of assets available for benefits of the MediSave 401(k) Plan (the Plan) as of December 31, 2009, the statement of changes in assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan Administrators instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 9, which was certified by American United Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. The Plan Administrators have informed us that the trustee held the Plan's investment assets and executed investment transactions. The Plan Administrators have obtained a certification from the trustee, as of December 31, 2009 and for the year then ended, that the information provided to the Plan Administrators by the trustee is complete and accurate. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of assets available for benefits of the MediSave 401(k) Plan as of December 31, 2008 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of assets available for benefits and accordingly, do not express an opinion or any other form of assurance on it.

Tanner LC

July 30, 2010



MEDISAVE 401(k) PLAN
Statements of Assets Available for Benefits

As of December 31,

	2009	2008
		(Unaudited)
Investments, at fair value:		
Mutual funds	\$ 2,246,892	\$ 1,018,121
Investment contract with insurance company	240,323	101,539
Total investments, at fair value	2,487,215	1,119,660
Receivables:		
Employer contributions	13,464	10,116
Employee contributions	24,461	16,211
Total assets available for benefits	\$ 2,525,140	\$ 1,145,987



MEDISAVE 401(k) PLAN
Statement of Changes in Assets Available for Benefits

For the Year Ended December 31, 2009

Net appreciation in fair value of investments	<u>\$ 487,064</u>
Contributions:	
Participant	549,350
Employer	309,934
Rollovers	<u>65,701</u>
Total contributions	<u>924,985</u>
Deductions:	
Benefits paid to participants	32,077
Administrative expenses	<u>819</u>
Total deductions	<u>32,896</u>
Net increase in assets available for benefits	1,379,153
Assets available for benefits:	
Beginning of year	<u>1,145,987</u>
End of year	<u>\$ 2,525,140</u>



**1. Description
of the Plan**

The following description of the MediSave 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan covering all employees of Medicity, Inc. (the Plan Sponsor or Employer) who have reached at least 21 years of age. The Plan became effective January 1, 2006, was most recently amended October 7, 2009, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Contributions are made to the Plan by both participants and the Employer. Participating employees may contribute up to 100% of their annual eligible compensation not to exceed the dollar limit set by the Internal Revenue Code (IRC) of \$16,500 (\$22,000 for employees who were age 50 or older) for the year ended December 31, 2009. Eligible compensation is defined as wages, tips, and other compensation as reported in the participant's Form W-2. Participants may also make contributions by rollover of distributions from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer may make discretionary matching contributions to the Plan for the benefit of each eligible participant each year. For the year ended December 31, 2009, the Employer provided a matching contribution of up to 4% of the participant's eligible compensation.

Participant Accounts

Each participant's account is adjusted for participant contributions, the Employer's contributions, and an allocation of the Plan's actual earnings or losses and administrative expenses specifically identified with the participant's investment account. The benefit to which a participant is entitled is the vested balance in the participant's account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Employer discretionary matching contributions vest at a rate of 20% per year over five years of service.



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

**1. Description
of the Plan**
Continued

Payment of Benefits

Upon a participant's death, disability, retirement or termination of employment, the trustee distributes the vested account balance in a single, lump-sum cash payment to the participant or his/her beneficiaries. Under certain circumstances, including financial hardship, participants may withdraw their contributions. The Plan Administrators make determinations related to hardship withdrawals.

Forfeitures

Forfeitures of nonvested participant account balances are first used to pay Plan administrative expenses and then to offset future Employer contributions. Forfeitures for the year ended December 31, 2009 were \$21,079. Forfeited funds of \$16,803 were used to reduce employer contributions and forfeited funds of \$499 were used to pay administrative expenses for the year ended December 31, 2009. Forfeited balances had earnings of \$139 for the year ended December 31, 2009. As of December 31, 2009 and 2008, the balance of the forfeiture account was \$3,916 and \$0, respectively.

Administrative Expenses

Plan administrative expenses may be paid by the Plan or paid by the Plan Sponsor at the Plan Sponsor's option. During the year ended December 31, 2009, the Plan paid \$819 in administrative expenses.

**2. Summary of
Significant
Accounting
Policies**

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are stated at fair value based on quoted market prices. The investment contract with an insurance company is recorded at fair value which is equivalent to its contract value.



**2. Summary of
Significant
Accounting
Policies**
Continued

Investment Valuation and Income Recognition – Continued

Purchases and sales of securities are recorded on a trade-date basis. The net appreciation in the fair value of investments, which includes realized gains and unrealized appreciation on those investments, is presented in the statement of changes in assets available for benefits of the Plan and totaled \$487,064 for the year ended December 31, 2009. Dividends and interest are reinvested as earned.

Payment of Benefits

Benefits are recorded when paid by the Plan.

Subsequent Events

The Plan Administrators have evaluated events occurring subsequent to December 31, 2009 through July 30, 2010 (the date the financial statements were available to be issued). No material events occurred subsequent to December 31, 2009.

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles*, which establishes the "FASB Accounting Standards Codification™" as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP"). ASC 105 became effective for annual financial periods ended after September 15, 2009. The Plan adopted ASC 105 during the year ended December 31, 2009. The adoption had no impact on the Plan's financial statements.

In May 2009, the FASB issued ASC 855, *Subsequent Events*, which establishes general accounting standards and disclosure requirements for events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. The Plan adopted ASC 855 upon issuance and the application had no impact on the Plan's financial statements.

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"). ASU 2010-06 amends Subtopic 820-10 to require disclosure of the transfers in and out of Levels 1 and 2. The update also requires additional information for Level 3 related to purchases, sales, issuances and settlements, and requires more detailed disclosure regarding valuation techniques and inputs. ASU 2010-06 as it relates to Levels 1 and 2 is effective for fiscal years and interim



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

**2. Summary of
Significant
Accounting
Policies**
Continued

Recent Accounting Pronouncements – Continued

periods beginning after December 15, 2009. Requirements relating to Level 3 are effective for fiscal years and interim periods beginning after December 15, 2010. The Plan adopted the currently effective provisions of ASU 2010-06 during January 2010, and its application is not expected to have a material impact on the Plan's financial statements.

**3. Investment
Contract with
Insurance
Company**

During the year ended December 31, 2009, the Plan had a fully benefit-responsive investment contract with American United Life Insurance Company (AUL). The contributions were maintained in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the financial statements at fair value, which is equivalent to the contract value, as reported to the Plan by AUL. Contract value represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

**4. Plan
Investments**

The following table separately presents investments (at fair value) that represent five percent or more of the Plan's assets available for benefits as of December 31, 2009 and 2008. All investments are participant directed.

	December 31,	
	2009	2008
	(Unaudited)	
Insurance contract:		
American United Life Insurance Fixed Account	\$ 240,323	\$ 101,539
Mutual funds:		
American Funds Capital World Growth & Income	237,649	98,933
AIM Energy Fund	205,124	100,833
American Funds Growth Fund of America	200,419	85,986
Fidelity Advisor Small Cap	181,012	93,923
T. Rowe Price International Growth & Income	176,948	89,766
Russell Lifepoints Growth Strategy	151,172	94,619
American Century Heritage	125,676	54,403
Other (less than five percent of Plan's assets available for benefits)	968,892	399,658
Total mutual funds	2,246,892	1,018,121
Total investments	\$ 2,487,215	\$ 1,119,660



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

4. **Plan Investments**
Continued The Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$487,063 during the year ended December 31, 2009.

5. **Fair Value Measurement** The Plan follows the provisions of ASC Topic 820, *Fair Value Measurements and Disclosure*, for assets that are measured at fair value on a recurring basis. ASC 820 establishes a framework for measuring fair value in the form of a fair value hierarchy which prioritizes inputs into valuation techniques used to measure fair value into three broad levels. This hierarchy requires assets to be classified by level in their entirety based upon the lowest level of input that was significant to the fair value measurement. The three levels of the fair value hierarchy per ASC 820 are as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 – Observable prices that are based on inputs not quoted on active markets, but corroborated by market data.

Level 3 – Unobservable inputs that are used when little or no market data is available.

The following table summarizes Plan assets that are required to be measured at fair value on a recurring basis as of December 31, 2009 and 2008:

Description	Fair Value Measurements on a Recurring Basis As of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,246,892	\$ -	\$ -	\$ 2,246,892
Investment contract with insurance company	-	240,323	-	240,323
	\$ 2,246,892	\$ 240,323	\$ -	\$ 2,487,215

Description	Fair Value Measurements on a Recurring Basis As of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,018,121	\$ -	\$ -	\$ 1,018,121
Investment contract with insurance company	-	101,539	-	101,539
	\$ 1,018,121	\$ 101,539	\$ -	\$ 1,119,660



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

- | | |
|---|--|
| 6. Exempt Party-In-Interest Transactions | Certain Plan investments are managed by American United Life Insurance Company (AUL). AUL is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. |
| 7. Plan Termination | Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. |
| 8. Income Tax Status | The Plan has adopted a standardized prototype plan. The Internal Revenue Service (IRS) has issued an opinion letter dated March 31, 2008, in which the IRS stated that the standardized plan, as then designed, was acceptable under Section 401 of the IRC. The Plan has been amended since receiving the opinion letter. The Plan Administrators believe that the Plan continues to operate in accordance with the requirements to qualify for tax-exempt status. Accordingly, no provision for income taxes is included in the accompanying financial statements. |
| 9. Information Certified by the Trustee | All investment balances disclosed in the accompanying financial statements and supplemental schedule as of December 31, 2009, and the net appreciation in fair value of investments for the year ended December 31, 2009, were obtained and derived from information supplied to the Plan Administrators and certified as complete and accurate by American United Life Insurance Company, the trustee of the Plan. |

MEDISAVE 401(k) PLAN

Plan 001

EIN 33-0807547

Schedule H, Part IV

Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2009

(a) Party-in-interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Mutual funds:		
	American Funds	American Funds Capital World Growth & Income	**	\$ 237,649
	AIM	AIM Energy Fund	**	205,124
	American Funds	American Funds Growth Fund of America	**	200,419
	Fidelity	Fidelity Advisor Small Cap	**	181,012
	T. Rowe Price	T. Rowe Price International Growth & Income	**	176,948
	Russell Investments	Russell Lifepoints Growth Strategy	**	151,172
	American Century	American Century Heritage	**	125,676
	Neuberger/Berman Partners	Neuberger/Berman Partners	**	111,349
	State Street Global Advisors	SSgA S&P 500 Index Strategy	**	89,486
	Russell Investments	Russell Lifepoints Equity Growth Strategy	**	79,128
	American Century	American Century Inflation-Adjusted Bond	**	74,853
	PIMCO	PIMCO High Yield	**	74,005
	Russell Investments	Russell Lifepoints Balanced Strategy	**	68,860
	Franklin Templeton Investments	Franklin Small Cap Value	**	68,421
	Goldman Sachs	Goldman Sachs Tollkeeper	**	67,559
*	One America	One America Value	**	67,073
*	One America	One America Asset Director	**	57,876
	American Century	American Century Large Company Value	**	40,865
	Russell Investments	Russell Lifepoints Moderate Strategy	**	30,500
	State Street Global Advisors	SSgA S&P Midcap 400 Index Strategy	**	30,150
	American Funds	American Funds American High Income Trust	**	27,772
	State Street Global Advisors	SSgA Russell Small Cap Index	**	26,702
	AIM	AIM Global Health Care Fund	**	25,723
	State Street Global Advisors	SSgA Russell Small Cap Index	**	21,532
	Russell Investments	Russell Lifepoints Conservative Strategy	**	7,038
		Total mutual funds		2,246,892
		Insurance contract:		
*	American United Life Insurance Company	American United Life Insurance Fixed Account	**	240,323
				<u>\$ 2,487,215</u>
*	Party-in-interest as defined by ERISA			
**	Cost has been omitted because investments are participant directed.			

Schedule C Attachment for Line Item 3(e)

MEDISAVE 401K PLAN

001

33-0807547

December 31, 2009

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AIM	AIM ENERGY FUND	0.60
AIM	AIM GLOBAL HEALTH CARE FUND	0.45
AIM	AIM TECHNOLOGY FUND	0.60
AMERICAN CENTURY	AMCENT HERITAGE	0.60
AMERICAN CENTURY	AMCENT INFLATION-ADJUSTED BOND	0.30
AMERICAN CENTURY	AMCENT LARGE COMPANY VALUE	0.60
AMERICAN FUNDS	AMER FDS AMERI HIGH INC TRST	0.60
AMERICAN FUNDS	AMER FDS CAPITAL WORLD GRO&INC	0.60
AMERICAN FUNDS	AMER FDS GRWTH FUND OF AMERICA	0.60
FIDELITY	FIDELITY ADV SMALL CAP	0.60
FRANKLIN/TEMPLETON	FRANKLIN SMALL CAP VALUE	0.65
GOLDMAN SACHS	GOLDMAN SACHS TOLLKEEPER	0.60
NEUBERGER BERMAN	NEUBERGER/BERMAN PARTNERS	0.60
ONEAMERICA FUNDS	ONEAMERICA ASSET DIRECTOR	0.30
ONEAMERICA FUNDS	ONEAMERICA VALUE	0.30
PIMCO	PIMCO HIGH YIELD	0.60
RUSSELL	RUSSELL LIFEPOINTS BAL STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS CONS STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS GROW STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS MOD STRAT	0.70
RUSSELL	RUSSELL LIFEPOINTS®EQGRO STRAT	0.70
STATE STREET	SSGA MSCI EAFE INDEX STRATEGY	0.60
STATE STREET	SSGA RUSSELL 2000 INDEX STRAT	0.62
STATE STREET	SSGA S&P 500 INDEX STRATEGY	0.60
STATE STREET	SSGA S&P MIDCAP 400 INDEX STRA	0.62
T. ROWE PRICE	T ROWE PRICE INTL GRTH & INCOM	0.60

MEDISAVE 401(k) PLAN

Financial Statements and Supplemental Schedule

**As of December 31, 2009 and 2008
and For the Year Ended December 31, 2009**

Together with Independent Auditors' Report



215 South State Street, Suite 800
Salt Lake City, Utah 84111
Telephone (801) 532-7444
Fax (801) 532-4911
www.tannerco.com

TANNER LC
THE CRITICAL KNOWLEDGE SOURCE
BUSINESS ADVISORS
AND CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrators MediSave 401(k) Plan

We were engaged to audit the accompanying statement of assets available for benefits of the MediSave 401(k) Plan (the Plan) as of December 31, 2009, the statement of changes in assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, the Plan Administrators instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 9, which was certified by American United Life Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. The Plan Administrators have informed us that the trustee held the Plan's investment assets and executed investment transactions. The Plan Administrators have obtained a certification from the trustee, as of December 31, 2009 and for the year then ended, that the information provided to the Plan Administrators by the trustee is complete and accurate. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of assets available for benefits of the MediSave 401(k) Plan as of December 31, 2008 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying 2008 statement of assets available for benefits and accordingly, do not express an opinion or any other form of assurance on it.

Tanner LC

July 30, 2010



MEDISAVE 401(k) PLAN
Statements of Assets Available for Benefits

As of December 31,

	2009	2008
		(Unaudited)
Investments, at fair value:		
Mutual funds	\$ 2,246,892	\$ 1,018,121
Investment contract with insurance company	240,323	101,539
Total investments, at fair value	2,487,215	1,119,660
Receivables:		
Employer contributions	13,464	10,116
Employee contributions	24,461	16,211
Total assets available for benefits	\$ 2,525,140	\$ 1,145,987



MEDISAVE 401(k) PLAN
Statement of Changes in Assets Available for Benefits

For the Year Ended December 31, 2009

Net appreciation in fair value of investments	<u>\$ 487,064</u>
Contributions:	
Participant	549,350
Employer	309,934
Rollovers	<u>65,701</u>
Total contributions	<u>924,985</u>
Deductions:	
Benefits paid to participants	32,077
Administrative expenses	<u>819</u>
Total deductions	<u>32,896</u>
Net increase in assets available for benefits	1,379,153
Assets available for benefits:	
Beginning of year	<u>1,145,987</u>
End of year	<u>\$ 2,525,140</u>



**1. Description
of the Plan**

The following description of the MediSave 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan covering all employees of Medicity, Inc. (the Plan Sponsor or Employer) who have reached at least 21 years of age. The Plan became effective January 1, 2006, was most recently amended October 7, 2009, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Contributions are made to the Plan by both participants and the Employer. Participating employees may contribute up to 100% of their annual eligible compensation not to exceed the dollar limit set by the Internal Revenue Code (IRC) of \$16,500 (\$22,000 for employees who were age 50 or older) for the year ended December 31, 2009. Eligible compensation is defined as wages, tips, and other compensation as reported in the participant's Form W-2. Participants may also make contributions by rollover of distributions from other qualified retirement plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Employer may make discretionary matching contributions to the Plan for the benefit of each eligible participant each year. For the year ended December 31, 2009, the Employer provided a matching contribution of up to 4% of the participant's eligible compensation.

Participant Accounts

Each participant's account is adjusted for participant contributions, the Employer's contributions, and an allocation of the Plan's actual earnings or losses and administrative expenses specifically identified with the participant's investment account. The benefit to which a participant is entitled is the vested balance in the participant's account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Employer discretionary matching contributions vest at a rate of 20% per year over five years of service.



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

**1. Description
of the Plan**
Continued

Payment of Benefits

Upon a participant's death, disability, retirement or termination of employment, the trustee distributes the vested account balance in a single, lump-sum cash payment to the participant or his/her beneficiaries. Under certain circumstances, including financial hardship, participants may withdraw their contributions. The Plan Administrators make determinations related to hardship withdrawals.

Forfeitures

Forfeitures of nonvested participant account balances are first used to pay Plan administrative expenses and then to offset future Employer contributions. Forfeitures for the year ended December 31, 2009 were \$21,079. Forfeited funds of \$16,803 were used to reduce employer contributions and forfeited funds of \$499 were used to pay administrative expenses for the year ended December 31, 2009. Forfeited balances had earnings of \$139 for the year ended December 31, 2009. As of December 31, 2009 and 2008, the balance of the forfeiture account was \$3,916 and \$0, respectively.

Administrative Expenses

Plan administrative expenses may be paid by the Plan or paid by the Plan Sponsor at the Plan Sponsor's option. During the year ended December 31, 2009, the Plan paid \$819 in administrative expenses.

**2. Summary of
Significant
Accounting
Policies**

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are stated at fair value based on quoted market prices. The investment contract with an insurance company is recorded at fair value which is equivalent to its contract value.



**2. Summary of
Significant
Accounting
Policies**
Continued

Investment Valuation and Income Recognition – Continued

Purchases and sales of securities are recorded on a trade-date basis. The net appreciation in the fair value of investments, which includes realized gains and unrealized appreciation on those investments, is presented in the statement of changes in assets available for benefits of the Plan and totaled \$487,064 for the year ended December 31, 2009. Dividends and interest are reinvested as earned.

Payment of Benefits

Benefits are recorded when paid by the Plan.

Subsequent Events

The Plan Administrators have evaluated events occurring subsequent to December 31, 2009 through July 30, 2010 (the date the financial statements were available to be issued). No material events occurred subsequent to December 31, 2009.

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification ("ASC") 105, *Generally Accepted Accounting Principles*, which establishes the "FASB Accounting Standards Codification™" as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("US GAAP"). ASC 105 became effective for annual financial periods ended after September 15, 2009. The Plan adopted ASC 105 during the year ended December 31, 2009. The adoption had no impact on the Plan's financial statements.

In May 2009, the FASB issued ASC 855, *Subsequent Events*, which establishes general accounting standards and disclosure requirements for events that occur after the balance sheet date but before the financial statements are issued or are available to be issued. The Plan adopted ASC 855 upon issuance and the application had no impact on the Plan's financial statements.

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements* ("ASU 2010-06"). ASU 2010-06 amends Subtopic 820-10 to require disclosure of the transfers in and out of Levels 1 and 2. The update also requires additional information for Level 3 related to purchases, sales, issuances and settlements, and requires more detailed disclosure regarding valuation techniques and inputs. ASU 2010-06 as it relates to Levels 1 and 2 is effective for fiscal years and interim



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

**2. Summary of
Significant
Accounting
Policies**
Continued

Recent Accounting Pronouncements – Continued

periods beginning after December 15, 2009. Requirements relating to Level 3 are effective for fiscal years and interim periods beginning after December 15, 2010. The Plan adopted the currently effective provisions of ASU 2010-06 during January 2010, and its application is not expected to have a material impact on the Plan's financial statements.

**3. Investment
Contract with
Insurance
Company**

During the year ended December 31, 2009, the Plan had a fully benefit-responsive investment contract with American United Life Insurance Company (AUL). The contributions were maintained in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract was included in the financial statements at fair value, which is equivalent to the contract value, as reported to the Plan by AUL. Contract value represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

**4. Plan
Investments**

The following table separately presents investments (at fair value) that represent five percent or more of the Plan's assets available for benefits as of December 31, 2009 and 2008. All investments are participant directed.

	December 31,	
	2009	2008
	(Unaudited)	
Insurance contract:		
American United Life Insurance Fixed Account	\$ 240,323	\$ 101,539
Mutual funds:		
American Funds Capital World Growth & Income	237,649	98,933
AIM Energy Fund	205,124	100,833
American Funds Growth Fund of America	200,419	85,986
Fidelity Advisor Small Cap	181,012	93,923
T. Rowe Price International Growth & Income	176,948	89,766
Russell Lifepoints Growth Strategy	151,172	94,619
American Century Heritage	125,676	54,403
Other (less than five percent of Plan's assets available for benefits)	968,892	399,658
Total mutual funds	2,246,892	1,018,121
Total investments	\$ 2,487,215	\$ 1,119,660



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

4. **Plan Investments**
Continued The Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$487,063 during the year ended December 31, 2009.

5. **Fair Value Measurement** The Plan follows the provisions of ASC Topic 820, *Fair Value Measurements and Disclosure*, for assets that are measured at fair value on a recurring basis. ASC 820 establishes a framework for measuring fair value in the form of a fair value hierarchy which prioritizes inputs into valuation techniques used to measure fair value into three broad levels. This hierarchy requires assets to be classified by level in their entirety based upon the lowest level of input that was significant to the fair value measurement. The three levels of the fair value hierarchy per ASC 820 are as follows:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 – Observable prices that are based on inputs not quoted on active markets, but corroborated by market data.

Level 3 – Unobservable inputs that are used when little or no market data is available.

The following table summarizes Plan assets that are required to be measured at fair value on a recurring basis as of December 31, 2009 and 2008:

Description	Fair Value Measurements on a Recurring Basis As of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,246,892	\$ -	\$ -	\$ 2,246,892
Investment contract with insurance company	-	240,323	-	240,323
	\$ 2,246,892	\$ 240,323	\$ -	\$ 2,487,215

Description	Fair Value Measurements on a Recurring Basis As of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,018,121	\$ -	\$ -	\$ 1,018,121
Investment contract with insurance company	-	101,539	-	101,539
	\$ 1,018,121	\$ 101,539	\$ -	\$ 1,119,660



MEDISAVE 401(k) PLAN
Notes to Financial Statements
Continued

- | | |
|---|--|
| 6. Exempt Party-In-Interest Transactions | Certain Plan investments are managed by American United Life Insurance Company (AUL). AUL is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. |
| 7. Plan Termination | Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. |
| 8. Income Tax Status | The Plan has adopted a standardized prototype plan. The Internal Revenue Service (IRS) has issued an opinion letter dated March 31, 2008, in which the IRS stated that the standardized plan, as then designed, was acceptable under Section 401 of the IRC. The Plan has been amended since receiving the opinion letter. The Plan Administrators believe that the Plan continues to operate in accordance with the requirements to qualify for tax-exempt status. Accordingly, no provision for income taxes is included in the accompanying financial statements. |
| 9. Information Certified by the Trustee | All investment balances disclosed in the accompanying financial statements and supplemental schedule as of December 31, 2009, and the net appreciation in fair value of investments for the year ended December 31, 2009, were obtained and derived from information supplied to the Plan Administrators and certified as complete and accurate by American United Life Insurance Company, the trustee of the Plan. |

MEDISAVE 401(k) PLAN

Plan 001

EIN 33-0807547

Schedule H, Part IV

Line 4i

Schedule of Assets (Held at End of Year)

December 31, 2009

(a) Party-in-interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Mutual funds:		
	American Funds	American Funds Capital World Growth & Income	**	\$ 237,649
	AIM	AIM Energy Fund	**	205,124
	American Funds	American Funds Growth Fund of America	**	200,419
	Fidelity	Fidelity Advisor Small Cap	**	181,012
	T. Rowe Price	T. Rowe Price International Growth & Income	**	176,948
	Russell Investments	Russell Lifepoints Growth Strategy	**	151,172
	American Century	American Century Heritage	**	125,676
	Neuberger/Berman Partners	Neuberger/Berman Partners	**	111,349
	State Street Global Advisors	SSgA S&P 500 Index Strategy	**	89,486
	Russell Investments	Russell Lifepoints Equity Growth Strategy	**	79,128
	American Century	American Century Inflation-Adjusted Bond	**	74,853
	PIMCO	PIMCO High Yield	**	74,005
	Russell Investments	Russell Lifepoints Balanced Strategy	**	68,860
	Franklin Templeton Investments	Franklin Small Cap Value	**	68,421
	Goldman Sachs	Goldman Sachs Tollkeeper	**	67,559
*	One America	One America Value	**	67,073
*	One America	One America Asset Director	**	57,876
	American Century	American Century Large Company Value	**	40,865
	Russell Investments	Russell Lifepoints Moderate Strategy	**	30,500
	State Street Global Advisors	SSgA S&P Midcap 400 Index Strategy	**	30,150
	American Funds	American Funds American High Income Trust	**	27,772
	State Street Global Advisors	SSgA Russell Small Cap Index	**	26,702
	AIM	AIM Global Health Care Fund	**	25,723
	State Street Global Advisors	SSgA Russell Small Cap Index	**	21,532
	Russell Investments	Russell Lifepoints Conservative Strategy	**	7,038
		Total mutual funds		2,246,892
		Insurance contract:		
*	American United Life Insurance Company	American United Life Insurance Fixed Account	**	240,323
				<u>\$ 2,487,215</u>
*	Party-in-interest as defined by ERISA			
**	Cost has been omitted because investments are participant directed.			

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDISAVE 401K PLAN

EIN: 33-0807547

Plan Sponsor's Name MEDICITY INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	AUL FIXED FUND		240,323
	AMERICAN UNITED LIFE INS CO	AMER FDS GRWTH FUND OF AMERICA		200,419
	AMERICAN UNITED LIFE INS CO	AMER FDS CAPITAL WORLD GRO&INC		237,649
	AMERICAN UNITED LIFE INS CO	AMER FDS AMERI HIGH INC TRST		27,772
	AMERICAN UNITED LIFE INS CO	GOLDMAN SACHS TOLLKEEPER		67,559
	AMERICAN UNITED LIFE INS CO	ONEAMERICA ASSET DIRECTOR		57,876
	AMERICAN UNITED LIFE INS CO	ONEAMERICA VALUE		67,073

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDISAVE 401K PLAN

EIN: 33-0807547

Plan Sponsor's Name MEDICITY INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	FIDELITY ADV SMALL CAP		181,012
	AMERICAN UNITED LIFE INS CO	AMCENT HERITAGE		125,676
	AMERICAN UNITED LIFE INS CO	AMCENT LARGE COMPANY VALUE		40,865
	AMERICAN UNITED LIFE INS CO	AMCENT INFLATION-ADJUSTED BOND		74,853
	AMERICAN UNITED LIFE INS CO	INVESCO ENERGY FUND		205,124
	AMERICAN UNITED LIFE INS CO	INVESCO GLOBAL HEALTH CARE FUN		25,723
	AMERICAN UNITED LIFE INS CO	NEUBERGER/BERMAN PARTNERS		111,349

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDISAVE 401K PLAN

EIN: 33-0807547

Plan Sponsor's Name MEDICITY INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	PIMCO HIGH YIELD		74,005
	AMERICAN UNITED LIFE INS CO	T ROWE PRICE INTL GRTH & INCOM		176,948
	AMERICAN UNITED LIFE INS CO	FRANKLIN SMALL CAP VALUE		68,421
	AMERICAN UNITED LIFE INS CO	SSGA S&P 500 INDEX		89,486
	AMERICAN UNITED LIFE INS CO	SSGA S&P MIDCAP 400 INDEX STRA		30,150
	AMERICAN UNITED LIFE INS CO	SSGA RUSSELL SMALL CAP INDEX		26,702
	AMERICAN UNITED LIFE INS CO	SSGA INTERNATIONAL INDEX		21,532

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDISAVE 401K PLAN

EIN: 33-0807547

Plan Sponsor's Name MEDICITY INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS CONS STRAT		7,038
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS MOD STRAT		30,500
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS BAL STRAT		68,860
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS GROW STRAT		151,172
	AMERICAN UNITED LIFE INS CO	RUSSELL LIFEPOINTS EQGRO STRAT		79,128