

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</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>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HEALTH MANAGEMENT ASSOCIATES, INC.</u> <u>5811 PELICAN BAY BLVD., SUITE 500</u> <u>NAPLES, FL 34108-2710</u>		1c Effective date of plan <u>10/01/1990</u> 2b Employer Identification Number (EIN) <u>61-0963645</u> 2c Sponsor's telephone number <u>239-598-3131</u> 2d Business code (see instructions) <u>622000</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.	06/24/2011	TIMOTHY PARRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/24/2011	TIMOTHY PARRY
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE RETIREMENT COMMITTEE 5811 PELICAN BAY BOULEVARD STE. 500 NAPLES, FL 34108-2710	3b Administrator's EIN 61-0963645 3c Administrator's telephone number 239-598-3131
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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
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5 Total number of participants at the beginning of the plan year	5	44534
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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	35715
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	5292
d Subtotal. Add lines 6a , 6b , and 6c	6d	41008
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	10
f Total. Add lines 6d and 6e	6f	41018
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	34816
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1575

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2J 2G 2K 2F 3I 2T 2S 3H

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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ ¹ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. HEALTH MANAGEMENT ASSOCIATES, INC.	D Employer Identification Number (EIN) 61-0963645	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CO

(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
06-1050034	93629	38610-001	41018	01/01/2010	12/31/2010

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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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
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(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
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(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	160438705
5 Current value of plan's interest under this contract in separate accounts at year end	5	268537076

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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year	7b	151717274
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c Additions: (1) Contributions deposited during the year	7c(1)	20759688	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	4594173	
(4) Transferred from separate account	7c(4)	9906445	
(5) Other (specify below)	7c(5)	9023865	

▶ **LOAN REPAYMENTS, TRANSFERS IN MISCELLANEOUS IN, AP FUND**

(6) Total additions	7c(6)	44284171
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d Total of balance and additions (add b and c(6))	7d	196001445
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18580682	
(2) Administration charge made by carrier	7e(2)	104904	
(3) Transferred to separate account	7e(3)	7473828	
(4) Other (specify below)	7e(4)	9403326	

▶ **LOAN INITIATIONS TRANSFERS OUT, FORFEITURES DEBITS MISCELLANEOUS OUT, AP FUND**

(5) Total deductions	7e(5)	35562740
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f Balance at the end of the current year (subtract e(5) from d)	7f	160438705
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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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH MANAGEMENT ASSOCIATES, INC.	D Employer Identification Number (EIN) 61-0963645

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
THE PRUDENTIAL INSURANCE COMPANY OF
22-1211670

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

(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?
13 15 37 50 60 64	NONE	681377	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

RR DONNELLEY

88-0222636

(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?
38	NONE	29816	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
52 64 49	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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

(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.

(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)
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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:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEALTH MANAGEMENT ASSOCIATES, INC.		D Employer Identification Number (EIN) 61-0963645
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: LC GR/TURNER INV PARTNERS		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30825842
a Name of MTIA, CCT, PSA, or 103-12 IE: LGE CP VAL/LSV ASSET MGMT		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-318	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42940288
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH/ARTISAN		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11980363
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE/WELL MGMT		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-187	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12743740
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH/TIMESSQ		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21536559
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/TBCAM		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-410	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15008831
a Name of MTIA, CCT, PSA, or 103-12 IE: BAL/TURN INV PART PIM		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.		
c EIN-PN 06-1050034-230	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10432014
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		

a Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME AGGRESSIVE****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-166****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**6895861****a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME GROWTH FD****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-167****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**7594794****a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME BALANCED FD****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-168****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**12967283****a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME CONSERVATIVE****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-169****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**7924823****a** Name of MTIA, CCT, PSA, or 103-12 IE: **LIFETIME INCOME & EQUITY****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-170****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**2299087****a** Name of MTIA, CCT, PSA, or 103-12 IE: **DRYDEN S & P 500 INDEX FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-123****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**15345408****a** Name of MTIA, CCT, PSA, or 103-12 IE: **CORE BOND ENHAN INDEX****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-036****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**31845911****a** Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNAL BLEND/AQR****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-125****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**25871506****a** Name of MTIA, CCT, PSA, or 103-12 IE: **PRU IFX TGT EASYPATH BAL****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INS.****c** EIN-PN **06-1050034-697****d** Entity code **P****e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**12324766****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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH MANAGEMENT ASSOCIATES, INC.	D Employer Identification Number (EIN) 61-0963645	

Part I	Asset and Liability Statement
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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)	2882	1898054
(2) Participant contributions	1b(2)	0	
(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)	20989233	24921595
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	204318557	268537076
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	151717274	160438705
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	68339341	83096602
(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	445367287	538892032

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	52311	12424
i Acquisition indebtedness	1i		
j Other liabilities	1j	369262	171545
k Total liabilities (add all amounts in lines 1g through 1j)	1k	421573	183969

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	444945714	538708063
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3802831	
(B) Participants	2a(1)(B)	66120965	
(C) Others (including rollovers)	2a(1)(C)	15473456	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		85397252
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	1167740	
(F) Other	2b(1)(F)	4594173	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5761913
(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)	20218834	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		20218834
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		31166996
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		142544995

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47723681	
(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)		47723681
f Corrective distributions (see instructions)	2f		171545
g Certain deemed distributions of participant loans (see instructions).....	2g		176227
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)	711193	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		711193
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		48782646

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		93762349
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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.).....	☒		7911
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>HEALTH MANAGEMENT ASSOCIATES, INC. RETIREMENT SAVINGS 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>HEALTH MANAGEMENT ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>61-0963645</u>

Part I	Distributions
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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>22-1211670</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
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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
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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.
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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) 2010
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):

Report of Independent Certified Public Accountants

The Plan Sponsor of the
Health Management Associates, Inc.
Retirement Savings Plan

We have audited the accompanying statements of net assets available for benefits of the Health Management Associates, Inc. Retirement Savings Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Plan's internal control over financial reporting. Our audits included 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. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of delinquent participant contributions for the year ended December 31, 2010 and assets (held at end of year) as of December 31, 2010 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

Ernst & Young LLP

June 15, 2011

**AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

Health Management Associates, Inc. Retirement Savings Plan
Years Ended December 31, 2010 and 2009
With Report of Independent Certified Public Accountants

Ernst & Young LLP

 **ERNST & YOUNG**

Health Management Associates, Inc. Retirement Savings Plan

Audited Financial Statements
and Supplemental Schedules

Years Ended December 31, 2010 and 2009

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Report of Independent Certified Public Accountants

The Plan Sponsor of the
Health Management Associates, Inc.
Retirement Savings Plan

We have audited the accompanying statements of net assets available for benefits of the Health Management Associates, Inc. Retirement Savings Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Plan's internal control over financial reporting. Our audits included 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. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan at December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, in conformity with accounting principles generally accepted in the United States.

Our audits were performed for the purpose of forming an opinion on the financial statements taken as a whole. The accompanying supplemental schedules of delinquent participant contributions for the year ended December 31, 2010 and assets (held at end of year) as of December 31, 2010 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in our audits of the financial statements and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

Ernst & Young LLP

June 15, 2011

Health Management Associates, Inc. Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2010	2009
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 268,537,076	\$ 204,318,557
Unallocated insurance contracts	160,438,705	151,717,274
Health Management Associates, Inc.		
Class A common stock	83,096,602	68,339,341
Total investments	<u>512,072,383</u>	<u>424,375,172</u>
Other assets:		
Contributions receivable from employers	1,898,054	2,882
Notes receivable from participants	24,921,595	20,989,233
Total other assets	<u>26,819,649</u>	<u>20,992,115</u>
Total assets	<u>538,892,032</u>	<u>445,367,287</u>
Liabilities		
Excess contributions	171,545	369,262
Accrued expenses	12,424	52,311
Total liabilities	<u>183,969</u>	<u>421,573</u>
Net assets available for benefits	<u>\$ 538,708,063</u>	<u>\$ 444,945,714</u>

See accompanying notes.

Health Management Associates, Inc. Retirement Savings Plan
Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2010	2009
Additions		
Net realized and unrealized appreciation in the fair value of investments:		
Pooled separate accounts	\$ 31,166,996	\$ 41,724,788
Health Management Associates, Inc. Class A common stock	20,218,834	60,558,122
Interest income	4,594,173	5,070,692
Total investment income	55,980,003	107,353,602
Interest income on notes receivable from participants	1,167,740	1,245,871
Contributions:		
Participants	66,120,965	62,197,804
Employers	3,802,831	796,556
Rollovers	15,473,456	2,225,542
Total contributions	85,397,252	65,219,902
Total additions	142,544,995	173,819,375
Deductions		
Benefit payments	18,976,579	18,804,242
Rollovers	29,094,874	27,850,517
Spin-offs to other qualified plans	—	26,945,207
Administrative expenses	711,193	703,112
Total deductions	48,782,646	74,303,078
Net increase in net assets available for benefits	93,762,349	99,516,297
Net assets available for benefits at the beginning of the year	444,945,714	345,429,417
Net assets available for benefits at the end of the year	\$ 538,708,063	\$ 444,945,714

See accompanying notes.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements

December 31, 2010

1. Description of the Plan

The following description of the Health Management Associates, Inc. Retirement Savings Plan (the “Plan”) provides only general information. Interested parties should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan that became effective on October 1, 1990 and currently operates pursuant to an amended and restated Plan document, dated January 1, 2009, as subsequently amended. The Plan covers eligible employees, as defined in the Plan document, who may elect to participate in the Plan as of the date set forth in the Plan document; however, completion of a year of service is generally required before a participant is eligible for matching contributions from the Plan’s sponsor, Health Management Associates, Inc. (the “Company”), and/or certain of its participating subsidiaries. Prudential Bank & Trust, F.S.B. is the Plan’s trustee (the “Trustee”) and Prudential Retirement Insurance and Annuity Company is the Plan’s recordkeeper.

The Plan has been designed to qualify as a defined contribution plan under Section 401(a) of the Internal Revenue Code of 1986, as amended (the “Code”). The Plan includes a cash or deferred arrangement under Section 401(k) of the Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Effective October 1, 2009, the Company restructured one of its joint ventures. As a result of such restructuring, among other things, Plan participants affiliated with certain affected health care facilities had their outstanding loans and vested and unvested account balances, which aggregated \$26,945,207, transferred from the Plan to other qualified benefit plans in two separate spin-off transactions.

Contributions

Subject to certain Code limitations, participants may elect to defer from 1% to 75% of their eligible compensation during each Plan year. Unless a participant elects otherwise, he or she will be automatically enrolled in the Plan and will be treated as having elected to contribute 4% of his or her eligible compensation to the Plan. Additionally, subject to certain Code limitations, participants who attain the age of fifty before the end of a taxable year are eligible to make voluntary catch-up contributions.

The Company and certain of its participating subsidiaries may make discretionary matching contributions to the Plan. During the period January 1, 2009 through September 30, 2010, the Company suspended all matching contributions, except for those pertaining to eligible employees at facilities that were covered by certain collective bargaining arrangements (referred to herein as the “CBA Employees”). For the years ended December 31, 2010 and 2009,

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

substantially all matching contributions for the CBA Employees were in an amount equal to one-third of a Plan participant's deferred compensation, but not exceeding 2% of the participant's eligible compensation. Effective with the first pay period that began after October 1, 2010 and through the last pay period in 2010, matching contributions for all eligible employees who were not CBA Employees were in an amount equal to one-sixth of a Plan participant's deferred compensation, but not exceeding 1% of the participant's eligible compensation. One of the Company's subsidiaries may also make discretionary profit-sharing contributions on behalf of its eligible employees; however, there were no such contributions to the Plan during the years ended December 31, 2010 and 2009. At their discretion, the Company and its participating subsidiaries may make qualified matching or qualified nonelective contributions (or designate matching or profit-sharing contributions as qualified matching or qualified nonelective contributions, respectively) in amounts determined by the Company in its sole discretion.

Effective January 1, 2011, the Plan was amended to add new annual matching contribution eligibility requirements for Plan participants who are not CBA Employees. To receive a discretionary matching contribution subsequent to such date, affected Plan participants must be employed by the Company or one of its participating subsidiaries on December 31 and must be credited with 1,000 hours of service during the Plan year then ended. These annual eligibility requirements are waived for participants who retire, become disabled or die during a Plan year and, at the discretion of the Plan sponsor, participants who are affected by the sale of the assets of a Company location or the closure of a Company location during a Plan year.

Prior to March 7, 2011, substantially all Company contributions were required to be initially invested in the Company's Class A common stock. Immediately after those contributions were deposited in the Plan, the investments were entirely participant-directed. Effective March 7, 2011, Company contributions were required to be initially invested in participant-directed investments other than the Company's Class A common stock. Historically, the Plan also offered the Company's Class A common stock as an investment option; however, effective March 7, 2011, new investments in that option were prohibited and all related investment accounts were frozen to any new deposits and transfers from other investments. The Plan provides that existing holdings of the Company's Class A common stock will be held in the Plan until disposed of in accordance with a participant's direction or processed as a benefit payment/rollover. Accordingly, Plan participants can continue to sell their existing Company Class A common stock holdings at their discretion (subject to certain Plan rules and conditions) but can no longer acquire Company Class A common stock through the Plan.

Participants may contribute amounts representing distributions from other qualified pension plans in the form of rollover contributions. As a result of recent acquisitions by the Company's participating subsidiaries, there was a significant amount of rollover contributions received by the Plan during the year ended December 31, 2010.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Participant Accounts and Forfeitures

Each participant's account is credited with the participant's contributions and allocations of Company contributions and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined by the Plan document. Specifically, each participant's account is (i) credited with the participant's and the Company's contributions, investment income and an allocation of the net appreciation/depreciation in the fair value of investments and (ii) charged with the participant's withdrawals and distributions, as well as an allocable share of the Plan's administrative expenses that are not paid by the Company. Investment income and appreciation/depreciation in the fair value of investments are allocated by individual fund based on the proportion that each participant's account balance bears to the aggregate balance of all participants. Each participant's proportionate share of investment earnings/losses is then credited to, or charged against, his or her individual fund account.

The benefit to which a participant is entitled is that which can be provided from the participant's vested account. If a participant separates from service before becoming fully vested, the portion of the account attributable to Company contributions is generally not permanently forfeited until the participant incurs a five-year break in service. Accordingly, participants who are rehired by the Company or an affiliate within five years of their termination date will have their nonvested Company contributions, if any, restored. Participants that received distributions of their vested balances upon severance from the Company and/or its affiliates must comply with the provisions of the Plan document to reinstate their nonvested Company contributions.

Forfeited balances of nonvested accounts are used to: (i) reduce future Company contributions; (ii) pay administrative expenses of the Plan; and (iii) reinstate certain account balances of former Plan participants who are rehired by the Company or an affiliate; however, forfeitures cannot be used to increase benefits for Plan participants. The Plan used forfeitures aggregating \$1,540,787 and \$871,667 during the years ended December 31, 2010 and 2009, respectively. The amounts of accumulated forfeitures at December 31, 2010 and 2009 were \$205,747 and \$583,479, respectively.

Participant Loans

Participants may borrow against their vested account balance a minimum of \$1,000 and a maximum aggregate amount not to exceed the lesser of (i) 50% of their vested account balance or (ii) \$50,000. The loan repayment period cannot exceed five years unless the loan is for the purchase of a primary residence, in which case the loan repayment period may not exceed ten years. Loans are secured by a participant's vested account balance and bear interest at a rate commensurate with local prevailing rates, as determined at the time the loan is approved. Principal and interest are generally paid ratably through payroll withholdings and outstanding loan balances are due and payable upon a participant's termination of employment. A discussion of special loan repayment provisions available to certain terminated participants is set forth below under the heading "Vesting."

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Withdrawals and Payments of Benefits

Upon retirement, disability, death or termination of employment, the vested amount of a participant's account is distributable to the participant or a designated beneficiary in Company Class A common stock and/or cash. Amounts that were rolled over from another qualified benefit plan, plus earnings thereon, are always available for distribution at a participant's discretion. Otherwise, participants are only entitled to withdrawals from their accounts prior to severance from employment if they attain age 59½ or qualify for a hardship withdrawal.

Vesting

Participants are immediately vested in their voluntary contributions, qualified matching contributions and qualified nonelective contributions, plus earnings thereon. A participant becomes fully vested in Company matching contributions and profit-sharing contributions, if any, plus earnings thereon, upon the occurrence of one of the following events:

- The participant attains his/her Normal Retirement Date, as such term is defined in the Plan document, while still an employee of the Company or one of its affiliates;
- The participant becomes Disabled, as such term is defined in the Plan document, while still an employee of the Company or one of its affiliates;
- The participant dies while an employee of the Company or one of its affiliates; or
- The Company terminates the Plan in accordance with its terms or a participant is affected by a partial Plan termination.

Absent one of the above circumstances, the Plan utilizes a graded vesting schedule whereby participants vest 20% per annum upon the completion of two years of vesting service. A participant becomes 100% vested upon the completion of six years of vesting service. A year during which an employee works at least 1,000 hours is deemed to be a year of vesting service.

The Plan provides accelerated vesting and special loan repayment provisions to participants whose employment is terminated as a result of the sale of the assets of a Company location or the closure of a Company location. In that regard, participants who are covered by such Plan provision will become (i) fully vested on the date the underlying transaction or event is completed and (ii) eligible for post-employment repayment of outstanding loans according to such loans' original terms. Effective December 31, 2010, these Plan provisions covered employees affected by the disposition of a general acute care hospital in Meridian, Mississippi and its related health care operations. Effective July 1, 2011, employees working at a general acute care hospital in Marathon, Florida and its related health care operations will be similarly affected.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared using the accrual method of accounting. The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

New Accounting Rules and Related Reclassifications

During September 2010, the Financial Accounting Standards Board issued new accounting rules that require participant loans to be (i) measured at their unpaid principal balances, plus accrued but unpaid interest thereon, and (ii) characterized as notes receivable from participants. The Plan adopted the new accounting rules during the year ended December 31, 2010. Previously, participant loans were recorded at their estimated fair values and classified as investments. As a result of adopting the new accounting rules, certain amounts in the Plan's financial statements have been reclassified in the prior year to conform to the current year presentation. Such reclassifications affected notes receivable from participants and the related interest income. The new accounting rules had no impact on the Plan's net assets available for benefits as of December 31, 2010 and 2009 or for the years then ended because loans due from participants have historically approximated their estimated fair values.

Investment Valuation

There were no changes in the Plan's valuation methodologies for its investments during the years ended December 31, 2010 and 2009. The valuation methods described below may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes the valuation methods are appropriate and consistent with other market participants, the use of differing methodologies or assumptions to determine the fair values of the Plan's investments could result in different fair value measurements at the reporting dates.

Equity Securities

Investments in equity securities are stated at their estimated fair values based on quoted prices in an active market. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year.

Pooled Separate Accounts

The estimated fair values of the participation units owned by the Plan in pooled separate accounts are based on quoted redemption values, as determined by the recordkeeper, on the last business day of the Plan year. Pooled separate accounts are accounts established by the Trustee solely for the purpose of investing the assets of one or more plans. Funds in a separate account are not commingled with other assets of the Trustee for investment purposes.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Unallocated Insurance Contracts

As required by GAAP, investment contracts held by a defined contribution plan are required to be reported at their fair value. However, contract value is the relevant measurement factor for the Plan's fully benefit-responsive investment contracts because contract value is generally the amount that participants receive when they initiate permitted transactions. During the years presented herein, the contract values of the Plan's unallocated insurance contracts reasonably approximated their corresponding fair values, which were estimated by the Plan's management after considering, among other things, the current yields of similar investments in the marketplace with comparable durations and the overall creditworthiness of the Trustee. Accordingly, the Plan's unallocated insurance contracts are recorded at their contract values, which represent contributions and reinvested interest income, less withdrawals and expenses, plus or minus net participant-directed transfer activity with the Plan's other investment funds.

The unallocated insurance contracts in the Plan's financial statements represent contracts between the Trustee and the Plan that provide for a guaranteed investment return over a specified time period. Other than certain limited circumstances, which the Plan's management considers unlikely to occur, these contracts have fully benefit-responsive features. However, in the event of such an unlikely circumstance, the Trustee has the right to defer transfers or distributions. For example, in the event of a withdrawal request coinciding with a pool closing, the contract value would be paid in installments, which may result in an aggregate distribution of an amount other than the contract value. At December 31, 2010 and 2009, no unallocated insurance contract reserves were recorded or deemed necessary for the inherent credit risk of the Trustee or other related matters.

The Plan's unallocated insurance contracts credited interest to Plan participant accounts at a weighted average annual rate of 3.00% and 3.40% during the years ended December 31, 2010 and 2009, respectively. Interest is credited to participant accounts using the single portfolio rate approach whereby a discrete contractual interest rate is applied to all contributions during the period, regardless of the timing of the receipt of the contributions during such period.

When establishing unallocated insurance contract gross and net interest crediting rates, the Trustee considers a number of factors, including, but not limited to, current economic and market conditions, the general interest rate environment and the expected and actual experience of a reference portfolio. However, the Trustee does not use an explicit formula to establish such crediting interest rates, which are reset semi-annually and cannot be less than 1.50%. Subsequent to December 31, 2010, the net crediting interest rate on the Plan's unallocated insurance contract was set at 2.75% for the six months ending June 30, 2011.

At both December 31, 2010 and 2009, the average net yield earned by the Plan's unallocated insurance contracts was 3.00%.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants represent loans that are recorded at their unpaid principal balances, plus accrued but unpaid interest thereon. Interest income on notes receivable from participants is recognized when earned and any loan-related fees are expensed when incurred. No allowance for loan losses was recorded at December 31, 2010 or 2009. If a participant ceases to make loan repayments and the Plan's recordkeeper deems the loan to be a distribution, the participant loan balance is reduced and a benefit payment is recognized.

Contributions

Participant contributions are recognized when payroll withholdings are processed and are remitted to the Plan as soon as administratively practicable. Company matching contributions, if previously approved and declared by the Company or its participating subsidiaries, accrue to the Plan at such payroll withholding dates. These contributions are generally remitted to the Plan at the same time as the underlying participant contributions.

Discretionary nonelective Company contributions accrue to the Plan when declared and are remitted prior to the date that the Company files its federal income tax return for the corresponding fiscal year.

Rollover contributions are recognized when received by the Plan.

Investment Income

Interest income is recognized when earned. Dividend income is recorded on the ex-dividend date. Gains and losses on dispositions of securities are recorded on a trade-date basis.

Concentrations of Market and Credit Risk

The Plan's exposure to credit loss in the event of nonperformance of its investments is limited to the carrying value of each such investment. The Plan's concentrations of credit and market risk are dictated by individual participant investment preferences. Due to the risks associated with investments and uncertainties related to changes in the values of such investments, it is at least reasonably possible that changes in the marketplace in the near term could materially affect participant account balances and the amounts reported in the Plan's financial statements.

Administrative Expenses

Certain of the Plan's administrative expenses are paid directly by the Company and, accordingly, such expenses are not reflected in the Plan's financial statements.

Benefit Payments and Rollover Distributions

Benefit payments and rollover distributions are recognized when paid by the Plan.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments

GAAP defines fair value as the amount that would be received for an asset or paid to transfer a liability (i.e., an exit price) in the principal market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP also establishes a hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. GAAP describes the following three levels of inputs that may be used:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

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

Level 3: Unobservable inputs when there is little or no market data available, thereby requiring an entity to develop its own assumptions. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Transfers between levels within the fair value hierarchy are recognized by the Plan on the date of the change in circumstances that requires such transfer. The tables below summarize the estimated fair values of the Plan's investments by investment strategy.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
As of December 31, 2010:			
Company Class A common stock	\$ 83,096,602	\$ —	\$ —
Pooled separate accounts:			—
Large cap stock funds	—	89,111,538	—
Mid cap stock funds	—	24,724,103	—
Small cap stock funds	—	36,545,390	—
Fixed income fund	—	31,845,911	—
Balanced fund	—	10,432,014	—
International stock fund	—	25,871,506	—
Life cycle funds (funds of funds)	—	50,006,614	—
Unallocated insurance contract	—	—	160,438,705
Totals	<u>\$ 83,096,602</u>	<u>\$ 268,537,076</u>	<u>\$ 160,438,705</u>

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

3. Fair Value Measurements and Investments (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
As of December 31, 2009:			
Company Class A common stock	\$ 68,339,341	\$ —	\$ —
Pooled separate accounts:			
Large cap stock funds	—	69,090,158	—
Mid cap stock funds	—	18,382,788	—
Small cap stock funds	—	26,241,798	—
Fixed income fund	—	23,449,267	—
Balanced fund	—	9,716,857	—
International stock fund	—	19,808,312	—
Life cycle funds (funds of funds)	—	37,629,377	—
Unallocated insurance contract	—	—	151,717,274
Totals	<u>\$ 68,339,341</u>	<u>\$ 204,318,557</u>	<u>\$ 151,717,274</u>

Effective March 11, 2011, the life cycle funds were no longer available as investment options under the Plan, except for one fund with estimated fair values of \$12,324,766 and \$5,201,768 at December 31, 2010 and 2009, respectively. All amounts invested in the discontinued life cycle funds were transferred to other Plan investments at the direction of the affected participants.

The table below summarizes recent changes in the estimated fair values of the Plan's unallocated insurance contracts (i.e., the only Level 3 investment).

	<u>Years Ended December 31,</u>	
	<u>2010</u>	<u>2009</u>
Balances at the beginning of the year	\$ 151,717,274	\$ 157,147,139
Issuances, repayments and settlements, net	<u>8,721,431</u>	<u>(5,429,865)</u>
Balances at the end of the year	<u>\$ 160,438,705</u>	<u>\$ 151,717,274</u>

The estimated fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are summarized in the table below.

	<u>December 31,</u>	
	<u>2010</u>	<u>2009</u>
Prudential Retirement Insurance and Annuity Company:		
Guaranteed Income Fund (unallocated insurance contracts)	\$160,438,705	\$151,717,274
Large Cap Value/LSV Asset Management Fund	42,940,288	33,808,570
Core Bond Enhanced Index/PIM Fund	31,845,911	23,449,267
Large Cap Growth/Turner Investment Partners Fund ⁽¹⁾	30,825,842	—
Company Class A common stock	83,096,602	68,339,341

⁽¹⁾ At December 31, 2009, the estimated fair value of this fund was \$22,007,781, which was less than 5% of the Plan's net assets available for benefits on such date.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

4. Excess Contributions

Subsequent to December 31, 2010, certain 2010 participant contributions were deemed to be excess contributions under the Code. Such contributions and the related investment earnings thereon were refunded to Plan participants in March 2011. A liability for excess contributions of \$171,545 was recorded in the Plan's financial statements at December 31, 2010. The corresponding excess contribution liability at December 31, 2009 was \$369,262.

5. Income Taxes

The Plan received a determination letter from the Internal Revenue Service ("IRS"), dated September 23, 2009, stating that the Plan is qualified, in form, under Section 401(a) of the Code. Accordingly, the related trust is exempt from taxation and no provision for income taxes has been provided in the Plan's financial statements. The Plan's amendments and its restatement subsequent to the application for tax-exempt status have been structured to, and are intended to, maintain the Plan's tax qualified status. To confirm the Plan's tax-exempt status, the amended and restated Plan document, dated January 1, 2009, as subsequently amended, was submitted to the IRS during May 2011 with a request for an updated tax determination letter; however, no response has yet been received from the IRS. The Plan is required to operate in conformity with the Code and the Plan document to maintain its tax qualified status. If deemed necessary, the Plan administrator will take remedial action to cause the Plan's operations to be compliant with the Code and the Plan document.

The effects of a tax position are recognized in the Plan's financial statements when, based on its technical merits, the tax position is more likely than not to be sustained upon examination by the IRS. The Plan's management analyzed the tax positions taken by the Plan as of December 31, 2010 and concluded that there were no uncertain tax positions taken or expected to be taken. During the years ended December 31, 2010 and 2009, the Plan recorded no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits and examinations by federal and various state tax jurisdictions. The Plan's management believes that the Plan is no longer subject to income tax audit or examination for years prior to 2003.

6. Party-in-Interest Transactions

Plan investments include (i) shares of pooled separate accounts and trust funds (i.e., unallocated insurance contracts) that are managed by the Trustee and (ii) shares of the Company's Class A common stock. Additionally, the Company paid an immaterial amount of the Plan's administrative expenses during each of the years ended December 31, 2010 and 2009 and those expenses are not reflected in the Plan's financial statements. These arrangements are characterized as party-in-interest transactions.

Health Management Associates, Inc. Retirement Savings Plan

Notes to Financial Statements (continued)

7. Class Action Lawsuits

On or about August 20, 2007, the Company and certain of its executive officers and directors were named as defendants in an action entitled *Ingram v. Health Management Associates, Inc. et al.* (No. 2:07-CV-00529) (the “Ingram Action”), which was filed in the U.S. District Court for the Middle District of Florida, Fort Myers Division (the “Florida District Court”). This action was brought as a purported class action on behalf of all participants in or beneficiaries of the Plan during the period January 17, 2007 through August 20, 2007 and whose participant accounts included shares of the Company’s Class A common stock. The plaintiff alleged, among other things, that the defendants: (i) breached their fiduciary responsibilities to Plan participants and their beneficiaries under ERISA and neglected to adequately supervise the management and administration of the Plan; (ii) failed to communicate complete, full and accurate information regarding the Plan’s investments in the Company’s Class A common stock; and (iii) had conflicts of interest. Three similar purported ERISA class action lawsuits were subsequently filed in the Florida District Court. On May 14, 2008, the Florida District Court granted the plaintiffs’ motion to consolidate the four ERISA actions under the docket number and caption assigned to the Ingram Action.

On November 1, 2010, the parties entered into a stipulation that provided for (i) the dismissal of all claims with prejudice as to the named plaintiffs and (ii) each side to bear its own costs and attorneys’ fees. On November 2, 2010, the Florida District Court entered an order of dismissal.

8. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan document to terminate the Plan, subject to the provisions of ERISA. In the event of a Plan termination, participants become fully vested in their Company contributions, including investment earnings thereon, and the balance in each participant’s account shall be held in the Plan and continue to accrue investment earnings until it is distributed as a benefit payment or rollover distribution.

Supplemental Schedules

Health Management Associates, Inc. Retirement Savings Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN #61-0963645 Plan #001

Year Ended December 31, 2010

Participant Contributions Transferred Late to the Health Management Associates, Inc. Retirement Savings Plan Check here if Late Participant Loan Repayments are included: ☐	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 7,911	\$ -	\$ 7,911	\$ -	\$ -

Health Management Associates, Inc. Retirement Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #61-0963645 Plan #001

December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost **	(e) Current Value
*	Health Management Associates, Inc.	Class A common stock, \$0.01 par value (8,710,336 shares) ⁽¹⁾	\$	83,096,602
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund (unallocated insurance contract)		160,438,705***
*	Prudential Retirement Insurance and Annuity Company	Balanced/Turner Investment Partners, PIM Fund		10,432,014
*	Prudential Retirement Insurance and Annuity Company	Core Bond Enhanced Index/PIM Fund		31,845,911
*	Prudential Retirement Insurance and Annuity Company	Dryden S&P 500® Index Fund		15,345,408
*	Prudential Retirement Insurance and Annuity Company	International Blend/Applied Quantitative Research Fund		25,871,506
*	Prudential Retirement Insurance and Annuity Company	Lifetime Income and Equity Fund ⁽²⁾		2,299,087
*	Prudential Retirement Insurance and Annuity Company	Lifetime Growth Fund ⁽²⁾		7,594,794
*	Prudential Retirement Insurance and Annuity Company	Lifetime Conservative Growth Fund ⁽²⁾		7,924,823
*	Prudential Retirement Insurance and Annuity Company	Lifetime Balanced Fund ⁽²⁾		12,967,283
*	Prudential Retirement Insurance and Annuity Company	Lifetime Aggressive Growth Fund ⁽²⁾		6,895,861
*	Prudential Retirement Insurance and Annuity Company	Large Cap Growth/Turner Investment Partners Fund		30,825,842
*	Prudential Retirement Insurance and Annuity Company	Large Cap Value/LSV Asset Management Fund		42,940,288
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Growth/Artisan Partners Fund		11,980,363
*	Prudential Retirement Insurance and Annuity Company	Mid Cap Value Fund (sub-advised by Wellington Management)		12,743,740
*	Prudential Retirement Insurance and Annuity Company	Small Cap Growth/TimesSquare Fund		21,536,559
*	Prudential Retirement Insurance and Annuity Company	Small Cap Value/The Boston Company Asset Management Fund		15,008,831
*	Prudential Retirement Insurance and Annuity Company	Prudential IncomeFlex® Target SM Easy Path SM Balanced Fund		12,324,766
*	Participants	Loans with interest rates ranging from 4.25% to 10.50% and various maturity dates		24,921,595
				<u>\$ 536,993,978</u>

* Investment is with a party-in-interest to the Health Management Associates, Inc. Retirement Savings Plan.

** Pursuant to Internal Revenue Service Form 5500 disclosure requirements, cost information has been omitted for participant-directed investments and participant loans.

*** Represents contract value.

(1) Effective March 7, 2011, this investment was frozen to any new contributions, deposits and transfers from other investments. However, participants can sell their holdings at their discretion (subject to certain rules and conditions of the Health Management Associates, Inc. Retirement Savings Plan).

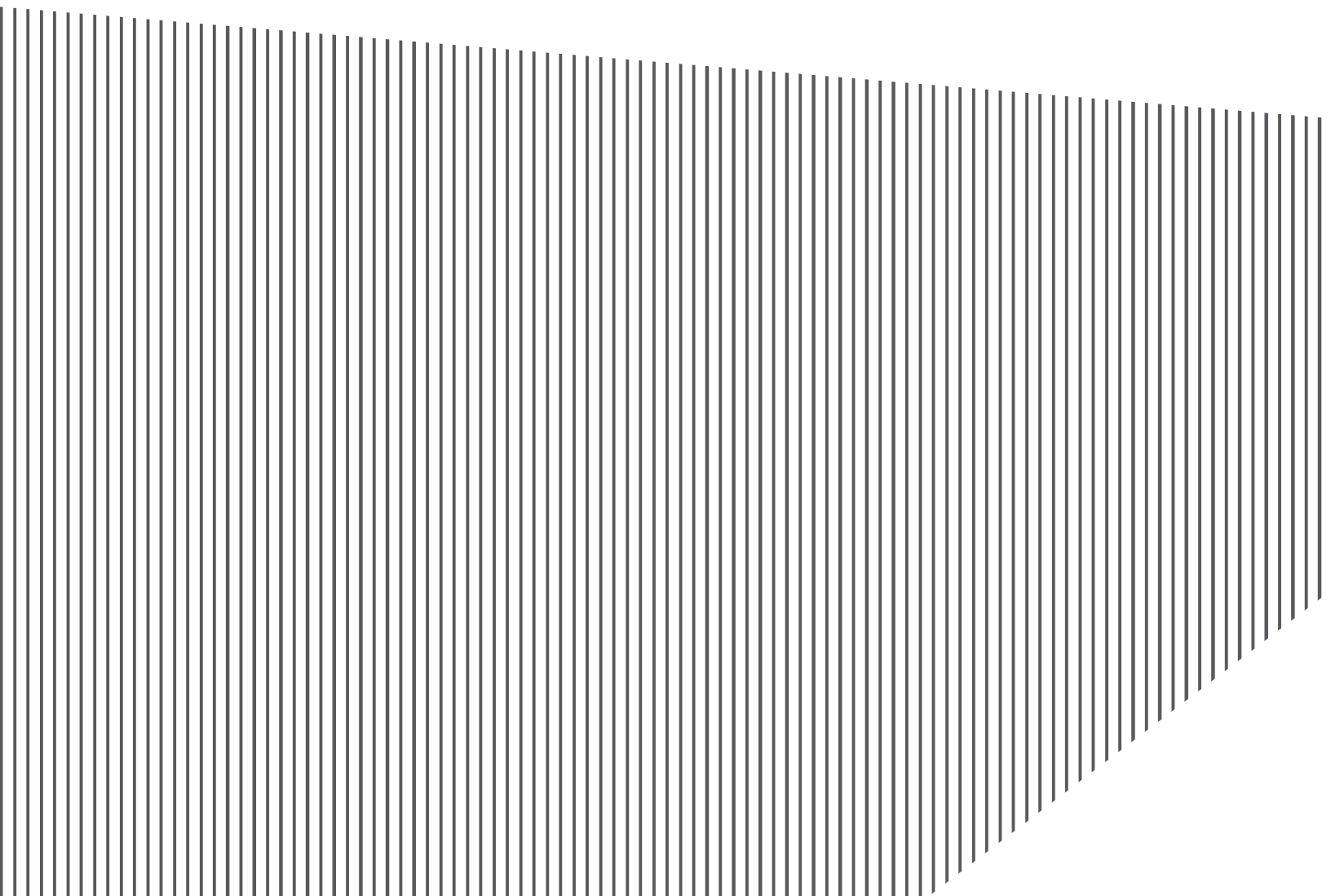
(2) Effective March 11, 2011, the Lifetime Funds were no longer available as investment options. All amounts invested in such funds were transferred to other investments at the direction of the affected participants.

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Health Management Associates, Inc. Retirement Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #61-0963645 Plan #001

December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost **	(e) Current Value
*	Health Management Associates, Inc.	Class A common stock, \$0.01 par value (8,710,336 shares) ⁽¹⁾	\$	83,096,602
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund (unallocated insurance contract)		160,438,705***
*	Prudential Retirement Insurance and Annuity Company	Balanced/Turner Investment Partners, PIM Fund		10,432,014
*	Prudential Retirement Insurance and Annuity Company	Core Bond Enhanced Index/PIM Fund		31,845,911
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*	Prudential Retirement Insurance and Annuity Company	International Blend/Applied Quantitative Research Fund		25,871,506
*	Prudential Retirement Insurance and Annuity Company	Lifetime Income and Equity Fund ⁽²⁾		2,299,087
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*	Prudential Retirement Insurance and Annuity Company	Prudential IncomeFlex® Target SM Easy Path SM Balanced Fund		12,324,766
*	Participants	Loans with interest rates ranging from 4.25% to 10.50% and various maturity dates		24,921,595
			\$	536,993,978

* Investment is with a party-in-interest to the Health Management Associates, Inc. Retirement Savings Plan.

** Pursuant to Internal Revenue Service Form 5500 disclosure requirements, cost information has been omitted for participant-directed investments and participant loans.

*** Represents contract value.

(1) Effective March 7, 2011, this investment was frozen to any new contributions, deposits and transfers from other investments. However, participants can sell their holdings at their discretion (subject to certain rules and conditions of the Health Management Associates, Inc. Retirement Savings Plan).

(2) Effective March 11, 2011, the Lifetime Funds were no longer available as investment options. All amounts invested in such funds were transferred to other investments at the direction of the affected participants.

Health Management Associates, Inc. Retirement Savings Plan

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN #61-0963645 Plan #001

Year Ended December 31, 2010

Participant Contributions Transferred Late to the Health Management Associates, Inc. Retirement Savings Plan Check here if Late Participant Loan Repayments are included: ☐	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 7,911	\$ -	\$ 7,911	\$ -	\$ -