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

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pu	IDIIC		
Part I	Annual Report Iden	tification Information						
For cale	ndar plan year 2010 or fiscal p	olan year beginning 01/01/2010	0	and ending 12/3	31/2010			
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or				
		X a single-employer plan;	a DFE (s	specify)				
B This	return/report is:	the first return/report;	the final	return/report;				
		an amended return/repo	rt; a short p	lan year return/report (les	s than 12 months).			
C If the	plan is a collectively-bargaine	ed plan, check here						
	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;			
2 0,,00	K BOX II IIIII g dildor.	special extension (enter	<u> </u>	,				
Part	II Rasic Plan Inform	nation—enter all requested info						
	ne of plan	ination—enter all requested init	лтаноп		1b Three-digit plan	504		
	YARDS BANK AND TRUST (COMPANY WELFARE PLAN			number (PN) ▶	504		
					1c Effective date of pla	an		
					01/01/1998			
	sponsor's name and address ress should include room or s	s (employer, if for a single-employ	yer plan)		2b Employer Identifica Number (EIN)	2b Employer Identification		
`	YARDS BANK AND TRUST (,			61-0354170			
OTOOK	TARGO BARRATA TROOT	50M 74V			2c Sponsor's telephor	ne		
LINDSA	Y GABBARD				number	number		
РО ВОХ	32890	PO BO	OX 32890		502-625-9133			
LOUISV	ILLE, KY 40232	LOUIS	SVILLE, KY 40232		2d Business code (see instructions)	Э		
					522110	· · · · · · · · · · · · · · · · · · ·		
Coution	A nanalty for the late or in	complete filing of this return/re	nort will be accessed	unless ressenable equa	a is astablished			
		complete filing of this return/re				dules		
	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	Filed with authorized/valid ele	ectronic signature.	08/25/2011	LINDSAY GABBARD				
HERE	Signature of plan adminis	trator	Date	Enter name of individua	al signing as plan administrator			
	Signature of plan autilinis	irator	Date	Linter frame of marvidua	a signing as plan auministrator			
SIGN								
HERE	Cianatura of amplementals		Data	Enter name of individues	al aigning on amplayor or also se			
	Signature of employer/pla	ın sponsor	Date	Enter name of individua	al signing as employer or plan sp	onsor		
SIGN								
HERE								

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

Form 5500 (2010) Page **2**

ST	Plan administrator's name and address (if same as plan sponsor, enter "San OCK YARDS BANK AND TRUST COMPANY	ne")		ministrator's EIN 0354170
PC	DSAY GABBARD BOX 32890 UISVILLE, KY 40232		nui	ministrator's telephone mber -625-9133
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	536
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
а	Active participants		. 6a	536
_				
b	Retired or separated participants receiving benefits		. 6b	
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a , 6b , and 6c		. 6d	536
•	Description of authors have fining on a receiving or an entitled to re	acii ya hanafita	. 6e	
E	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits		
f	Total. Add lines 6d and 6e.		. 6f	
g	Number of participants with account balances as of the end of the plan year complete this item)		. 6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of Plan Characteristic Code	s in the in	nstructions:
	f the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D 4E 4H 4L 4Q			ructions:
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan benefit arrangement (check all that (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insuranc	e contracts
	(3) Trust	(3) Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) Seneral assets of the spatial character and where indicated enter the number		had (See instructions)
	•	-	JCI attaci	ilea. (Occ manachons)
а	Pension Schedules (1) R (Retirement Plan Information)	b General Schedules (1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(1) H (Financial Inform	,	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3) X 12 A (Insurance Information)		oman rianj
	actuary	(4) C (Service Provide		ation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati		,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(6) G (Financial Trans	•	•
	, , , , , , , , , , , , , , , , , , , ,			/

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

For calendar plan year 20	10 or fiscal plan	year beginning 01/01/2010	and	ending 12/31/2010	•		
A Name of plan	ND TOUGT OO	MDANIKANELEADE DI ANI	B Th	B Three-digit 504			
STOCK YARDS BANK AI	ND TRUST CO	MPANY WELFARE PLAN	pl	an number (PN)			
C Plan sponsor's name a	s shown on line	2a of Form 5500.	D Em	ployer Identification Number	(EIN)		
STOCK YARDS BANK A	ND TRUST CO	MPANY	61-0	0354170			
- Informati	0	in a la company of Company (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
COLONIAL LIFE & ACCII		NCE CO					
	1	T	(e) Approximate number of	Dollovor	ontract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of	•			
	code	identification number	policy or contract year	(f) From	(g) To		
57-0144607	62049	E3080561	19	01/01/2010	12/31/2010		
2 Insurance fee and composite descending order of the		tion. Enter the total fees and total	Il commissions paid. List in iter	n 3 the agents, brokers, and	other persons in		
	amount of comr	nissions paid	(b)	Total amount of fees paid			
, ,		323	97				
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all persons				
		nd address of the agent, broker,					
MICHAEL BOONE			CLEAR SPRINGS TRACE SVILLE, KY 40223				
		20010	771222, 101 40220				
(b) Amount of sales ar	nd hase	Fees	s and other commissions paid				
commissions pai		(c) Amount	(d) Purp	ose	(e) Organization code		
	115	97					
		nd address of the agent, broker,		ssions or fees were paid			
REISERT & ASSOCIATE	S		OX 5399 SVILLE, KY 40255				
					1		
(b) Amount of sales and base			s and other commissions paid		_		
commissions pa		(c) Amount	(d) Purp	ose	(e) Organization code		
	95						
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 550	00. Sch	nedule A (Form 5500) 2010		

Schedule A (Form 5500)	2010	Page 2-	
	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
TED BENNETT		330 DESTINY LANE OUISVILLE, KY 42104	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 64	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
VICKIE LEWIS	65 LC	558 STOVALL RD OUISVILLE, KY 42127	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
DEE ANN SLADE		04 POTOMAC CT OUISVILLE, KY 40601	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
10			
(a) Na	me and address of the agent b	roker, or other person to whom commissions or fees were pa	id
SHOLANDA JANE ALLEN	16	681 BALLARDSVILLE RD AWENCEBURG, KY 40342	
	٥	WENCESONO, NY 40042	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
8			
(a) Na	me and address of the agent. h	roker, or other person to whom commissions or fees were pa	id
LISA GRAVES	14	400 GLENNS CREEK RD RANKFORT, KY 40601	iu
		10.000 T	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5			

Schedule A (Form 5500)	2010	Page 2-	
(a) Na	ime and address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
MARK HOLLAND	PC	D BOX 38366 ERMANTOWN, TN 38183	<u>~</u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 3	(c) Amount	(d) Purpose	code
(2) N			-1
(a) Na	ime and address of the agent, bro	oker, or other person to whom commissions or fees were pa	<u>.a</u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	nme and address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	I Ime and address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Pa	art II	I Welfare Benefit Contract Information If more than one contract covers the same ground information may be combined for reporting pure the entire group of such individual contracts with the succession of the su	up c	es if suc	ch contracts a	are experi	enc	e-rated as a unit. Whe	ere contrac	
8	Ben	efit and contract type (check all applicable boxes)		_						_
	а	Health (other than dental or vision)	b	Denta	ıl	C	; 🏻	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f	Long-	term disabilit	у с	ıΠ	Supplemental unemp	loyment	h Prescription drug
	ιĪ	Stop loss (large deductible)	ιĒ	НМО	contract	k	ιΠ	PPO contract		I Indemnity contract
	m	=	•	1						
	∟									
9	Expe	erience-rated contracts:								
		Premiums: (1) Amount received				9a(1)				
		(2) Increase (decrease) in amount due but unpaid.			F	9a(2)				
		(3) Increase (decrease) in unearned premium rese			ī	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)	
	С	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			F	9c(1)(C	_			
		(D) Other expenses			T T	9c(1)(D	_			_
		(E) Taxes			F	9c(1)(E	_			_
		(F) Charges for risks or other contingencies				9c(1)(F)				
		(G) Other retention charges			_	9c(1)(G			00/41/14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		(H) Total retention					_		9c(1)(H)
		(2) Dividends or retroactive rate refunds. (These a				L	_		9c(2)	
	d	Status of policyholder reserves at end of year: (1)			•				9d(1)	
		(2) Claim reserves							9d(2)	
	_	(3) Other reserves							9d(3)	
10) No	Dividends or retroactive rate refunds due. (Do not nexperience-rated contracts:	linc	uue an	iouni entered	III C(2).) .			9e	
10		Total premiums or subscription charges paid to ca	rrior						10a	3896
	a b	If the carrier, service, or other organization incurre							iva	3333
	D	retention of the contract or policy, other than repor							10b	
	Sp	ecify nature of costs •				·				
Pa	art I\	Provision of Information								
		the insurance company fail to provide any informa	ation	necess	ary to comple	ete Sched	ule	Α?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 20	10 or fiscal plan	year beginning 01/01/2010	and e	nding 12/31/2010	•			
A Name of plan			B Thre	e-digit	504			
STOCK YARDS BANK A	ND TRUST CO	MPANY WELFARE PLAN	plar	number (PN)				
C Plan sponsor's name a	s shown on line	e 2a of Form 5500.	D Emplo	yer Identification Number (EIN)			
STOCK YARDS BANK A	ND TRUST CO	MPANY	61-03	54170				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:								
(a) Name of insurance ca	rrier							
COLONIAL LIFE & ACCII	DENT INSURA	NCE CO						
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or co	ontract year			
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To			
57-0144607	62049	E7760994	19		12/31/2010			
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	al commissions paid. List in item 3	the agents, brokers, and c	other persons in			
	amount of comr		(b) To	otal amount of fees paid				
		307			97			
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all persons).					
	(a) Name a		or other person to whom commiss	sions or fees were paid				
MICHAEL BOONE			CLEAR SPRINGS TRACE SVILLE, KY 40223					
		_			T			
(b) Amount of sales ar commissions pa		(c) Amount	s and other commissions paid	(e) Organization code				
Commissions pa	122	(c) Amount	(d) Purpos	<u>e</u>	(e) Organization code			
	(a) Name a	nd address of the agent, broker,	or other person to whom commiss	ions or fees were paid				
REISERT & ASSOCIATE	S		OX 5399 SVILLE, KY 40255					
		20010	771222, 177 10200					
(b) Amount of sales and base			s and other commissions paid					
commissions pa		(c) Amount	(d) Purpos	(e) Organization code				
	90							
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5500	Sch	edule A (Form 5500) 2010			

Schedule A (Form 5500) 2	010	Page 2-	
(a) Nam	e and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
TED BENNETT	1	830 DESTINY LANE OWLING GREEN, KY 42304	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 44	(c) Amount	(d) Purpose	code
		roker, or other person to whom commissions or fees were pa	id
LISA GRAVES		400 GLENNS CREEK RD RANKFORT, KY 40601	
(b) Amount of sales and base	(a) Amount	Fees and other commissions paid	(e) Organization code
commissions paid 16	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
VICKIE LEWIS		558 STOVALL RD AVE CITY, KY 42127	
(b) Amount of sales and base		(e) Organization	
commissions paid 11	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent, b	roker, or other person to whom commissions or fees were pa	id
SHOLANDA JANE ALLEN	1 L	681 BALLARDSVILLE RD AWENCEBURG, KY 40342	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	<u> </u>	roker, or other person to whom commissions or fees were pa	id
DEE ANN SLADE		04 POTOMAC CT RANKFORT, KY 40601	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 8	(c) Amount	(d) Purpose	code

Schedule A (Form 5500)	2010	Page 2-	
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were pa	aid
MARK HOLLAND		PO BOX 38306 GERMANTOWN, TN 38183	
(b) Amount of sales and base	(2) Amount	Fees and other commissions paid	(e) Organization
commissions paid 5	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were pa	aid
, ,			
			_
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent	broker, or other person to whom commissions or fees were pa	nid
(u) No	ine and dadress of the agent,	broker, or other person to whom commissions or reco were pe	210
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
7.534	mo and address of the control	hydron or other person to sub-one account in the con-	sid.
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were pa	alu
(h) Amount of calca and have		Fees and other commissions paid	(c) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Part	: III	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts we	oup of employees of the surposes if such contracts	are expe	rienc	e-rated as a unit. W	here contrac	
8 B	enef	fit and contract type (check all applicable boxes)						
а	1	Health (other than dental or vision)	b Dental		С	Vision		d X Life insurance
е	· 🗖	Temporary disability (accident and sickness)	f Long-term disabilit	tv	gΠ	Supplemental unen	nplovment	h Prescription drug
i	H	Stop loss (large deductible)	j HMO contract	-5	k□	PPO contract		I Indemnity contract
	- ⊟) I TIMO CONTIACT		г	111 O contract		■ Indemnity contract
п	า 🗌	Other (specify)						
Q E	(nor	ience-rated contracts:						
	•	remiums: (1) Amount received		9a(1)	· T			
a		2) Increase (decrease) in amount due but unpaid		9a(2)				
		3) Increase (decrease) in unearned premium res		9a(3)				
		4) Earned ((1) + (2) - (3))	•				9a(4)	
ı	•	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)	
(•	Remainder of premium: (1) Retention charges (o						
		(A) Commissions	•	9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(l				
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(l	D)			
		(E) Taxes		9c(1)(l	E)			
		(F) Charges for risks or other contingencies		9c(1)(l				
		(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	· 🗌 c	credited.)	9c(2)	
(c t	Status of policyholder reserves at end of year: (1	Amount held to provide	benefits a	after	retirement	9d(1)	
	(2) Claim reserves					9d(2)	
	(3) Other reserves					9d(3)	
	9 [Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in c(2) .)			9e	
10	Non	experience-rated contracts:						
á	a	Γotal premiums or subscription charges paid to α	arrier				10a	3997
	r	f the carrier, service, or other organization incurr retention of the contract or policy, other than repo					10b	
	Spe	cify nature of costs						
Part	: IV	Provision of Information						
11	Did 1	the insurance company fail to provide any inform	ation necessary to compl	ete Sche	dule	A?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

					m is Open to Public Inspection				
For calendar plan year 20									
A Name of plan STOCK YARDS BANK A	ND TRUST CO	OMPANY WELFARE PLAN		ee-digit n number (PN)	504				
C Plan sponsor's name a STOCK YARDS BANK A			D Emplo	byer Identification Number 54170	(EIN)				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca									
	())) ()	(1) (2)	(e) Approximate number of	Policy or c	ontract year				
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year	(f) From	(g) To				
93-0242990	69019	143865	449	01/01/2010	12/31/2010				
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	otal commissions paid. List in item 3	3 the agents, brokers, and o	other persons in				
(a) Total a	amount of com	nmissions paid	(b) To	otal amount of fees paid					
		12911			0				
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all persons).						
			r, or other person to whom commiss	sions or fees were paid					
REISERT & ASSOCIATE	S		0 UPS DR, STE 105 IISVILLE, KY 40223						
(b) Amount of sales ar	nd hase	Fe	ees and other commissions paid						
commissions pa		(c) Amount	(d) Purpos	(e) Organization code					
	12911								
	(a) Name	and address of the agent, broke	r, or other person to whom commiss	sions or fees were paid					
	(a) Hame	and address of the agent, broke	, or other person to whom commiss	none or roos were paid					
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid						
commissions pa	id	(c) Amount	(d) Purpos	(e) Organization code					

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Part III

Welfare Benefit Contract Information

		If more than one contract covers the same grinformation may be combined for reporting puthe entire group of such individual contracts with the entire group of such individual contracts with the such as the such individual contracts with the such as the such	rpos	es if su	ch contracts	are experi	enc	e-rated as a unit. W	here contrac		
8	Ben	efit and contract type (check all applicable boxes)									
	а	Health (other than dental or vision)	b	Denta	al	(:□	Vision		d X Life insurar	nce
	е		f	_	-term disabili	tv (ıĦ	Supplemental unen	nplovment	h Prescription	n drua
	i	Stop loss (large deductible)	:	_	contract	_	ίΪ,	PPO contract		I Indemnity of	•
	• L		ı L] I IIVIO	Contract		`⊔	FFO Contract			ontract
	m	Other (specify)									
9	Evne	erience-rated contracts:									
J		Premiums: (1) Amount received				9a(1)			80384	1	
	<u> </u>	(2) Increase (decrease) in amount due but unpaid									
		(3) Increase (decrease) in unearned premium res									
		(4) Earned ((1) + (2) - (3))							9a(4)		80384
	b	Benefit charges (1) Claims paid					T				
		(2) Increase (decrease) in claim reserves				/			79929	9	
		(3) Incurred claims (add (1) and (2))				,			9b(3)		79929
		(4) Claims charged							9b(4)		79929
	С	Remainder of premium: (1) Retention charges (or									
		(A) Commissions				9c(1)(A)		12911		
		(B) Administrative service or other fees				9c(1)(B					
		(C) Other specific acquisition costs				9c(1)(C)				
		(D) Other expenses				9c(1)(D)		6570		
		(E) Taxes				9c(1)(E)		1206		
		(F) Charges for risks or other contingencies				9c(1)(F			4774	1	
		(G) Other retention charges				9c(1)(G)		_		
		(H) Total retention							9c(1)(H)		25461
		(2) Dividends or retroactive rate refunds. (These	amo	unts we	ere paid in	cash, or	С	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)) Am	ount he	ld to provide	benefits a	fter	retirement	9d(1)		
		(2) Claim reserves							9d(2)		94891
		(3) Other reserves							9d(3)		
		Dividends or retroactive rate refunds due. (Do no	t inc	lude an	nount entered	d in c(2) .) .			9e		
10) No	nexperience-rated contracts:									
	a	Total premiums or subscription charges paid to ca							10a		
	b	If the carrier, service, or other organization incurre		, ,				•	10b		
	e.	retention of the contract or policy, other than repo pecify nature of costs	ntea	ın Pan	i, item 2 abo	ve, report	amc	Juni			
	S).	ectly flature of costs •									
P	art l'	V Provision of Information									
			otic -	ncoss	nonuto acces	oto Cala	مارد	<u>лэ</u> Г	Yes	X No	
11	וט ו	the insurance company fail to provide any inform	ation	necess	sary to compl	ete Sched	uie	Α:	169	LINU	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

- Tension Benefit Guaranty O	tion This F	orm is Open to Public Inspection								
For calendar plan year 20										
A Name of plan STOCK YARDS BANK A	ND TRUST CO	MPANY WELFARE PLAN		ee-digit n number (PN)	504					
	C Plan sponsor's name as shown on line 2a of Form 5500. STOCK YARDS BANK AND TRUST COMPANY D Employer Identification Number (E 61-0354170									
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:										
(a) Name of insurance ca										
(L) FIN	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy of	contract year					
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To					
93-0242990	69019	143865	449	01/01/2010	12/31/2010					
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	commissions paid. List in item 3	3 the agents, brokers, an	d other persons in					
(a) Total	amount of comr	missions paid	(b) T	otal amount of fees paid						
		12253			0					
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).							
		nd address of the agent, broker, c		sions or fees were paid						
REISERT & ASSOCIATE		1700 L	JPS DR, STE 105 VILLE, KY 40223	·						
		Fees	and other commissions paid							
(b) Amount of sales a commissions pa		(c) Amount	(d) Purpos	(e) Organization code						
	12253	0	(2)		3					
	(a) Name a	nd address of the agent, broker, c	or other person to whom commiss	sions or fees were paid						
	(a) Name a	na address of the agent, broker, c	or other person to whom commission	sions of fees were paid						
(b) Amount of sales and base Fees and other commissions paid										
commissions pa		(c) Amount	(d) Purpos	(e) Organization code						

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4
------	---

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

Part III

Welfare Benefit Contract Information

		the entire group of such individual contracts v					ts cover individual employees,
8	Ben	efit and contract type (check all applicable boxes)	<u> </u>		· ·	<u> </u>	
	а	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disab	oility g	Supplemental une	mplovment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	, r	Other (specify)	, I invo contract	·· L	11 O contract		
	m [Other (specify)					
9	Expe	erience-rated contracts:					
	•	Premiums: (1) Amount received		9a(1)		75414	F
		(2) Increase (decrease) in amount due but unpaid	l				
		(3) Increase (decrease) in unearned premium res					
		(4) Earned ((1) + (2) - (3))				9a(4)	75414
	b	Benefit charges (1) Claims paid		9b(1)		6590	
		(2) Increase (decrease) in claim reserves		9b(2)		122493	3
		(3) Incurred claims (add (1) and (2))				9b(3)	129083
		(4) Claims charged				9b(4)	129083
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)		12252	2
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses				9936	
		(E) Taxes				1132	
		(F) Charges for risks or other contingencies		9c(1)(F)		8109	9
		(G) Other retention charges		9c(1)(G)		1	21122
		(H) Total retention	<u> </u>			9c(1)(H)	31429
		(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 provid	le benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	152334
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount enter	ed in c(2) .)		9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo			•	10b	
	C.		oned in Part I, item 2 at	bove, report am	ount	100	
	Sh	pecify nature of costs					
Pa	rt I	V Provision of Information					

X No

Yes

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This For	m is Open to Public Inspection	
For calendar plan year 20	10 or fiscal plar	n year beginning 01/01/2010		and en	nding 12	/31/2010	
A Name of plan STOCK YARDS BANK AND TRUST COMPANY WELFARE PLAN					e-digit number (Pl	N) •	504
C Plan sponsor's name a STOCK YARDS BANK A				D Employ 61-035	•	cation Number	(EIN)
		ing Insurance Contract (Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca							
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nul persons covered at		(5)		ontract year
	code	identification number	policy or contract	year	(1)	From	(g) To
61-0659432	54674	000686300	539	539)10	12/31/2010
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. Lis	st in item 3	the agents	, brokers, and	other persons in
(a) Total a	amount of com			(b) To	tal amount	of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all n	ersons).			0
• r crocine recoming com		and address of the agent, broker,			ions or fees	were naid	
REISERT & ASSOCIATE		PO B	OX 5399 SVILLE, KY 40255	1 001111111001	011000	were para	
(b) Amount of sales ar	nd base	Fee	es and other commission	s paid			
commissions pa		(c) Amount		d) Purpose	9		(e) Organization code
	14211						3
	(a) Name a	and address of the agent, broker,	or other person to whom	n commissi	ons or fees	were paid	
	(5)						
(b) Amount of sales ar	nd base	Fee	es and other commission	s paid			
commissions pa		(c) Amount		d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	arrier may be treated as a unit for	purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
)			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Part III

Welfare Benefit Contract Information

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

a Premiums: (1) Amount received			If more than one contract covers the same gruinformation may be combined for reporting puthe entire group of such individual contracts w	rpos	es if such co	ontracts a	ire experie	enc	e-rated as a unit. Who	ere contrac		
e ☐ Temporary disability (accident and sickness)	8	Bene	efit and contract type (check all applicable boxes)									
e Temporary disability (accident and sickness)		а	Health (other than dental or vision)	b	Dental		C	: П	Vision		d Life insurance	ce
9 Experience-rated contracts: a Premiums: (1) Amount received. (2) Increases (decrease) in unearned premium reserve. 9a(3) (4) Earned ((1) + (2) - (3)) (5) Benefit charges (1) Claims paid (2) Increase (decrease) in unearned premium reserve. 9a(3) (4) Earned ((1) + (2) - (3)) (5) Benefit charges (1) Claims paid (6) Claims charged. (7) Increase (decrease) in claim reserves. 9b(2) (8) Increase (decrease) in claim reserves. 9b(2) (9) Increase (decrease) in claim reserves. 9b(3) (10) Benefit charges (1) Claims paid (9) Increase (decrease) in claim reserves. 9b(2) (10) Increase (decrease) in claim reserves. 9b(3) (10) Increase (decrease) in claim reserves. 9b(4) (10) Increase (decrease) in claim reserves. 9b(3) (10) Increase (decrease) in claim reserves. 9b(4) (10) Increase (decrease) in claim reserves. 9c(1)(A) (10) Increase (decrease) in claim reserves. 9c(1)(B) (10) Increase (decrease) in claim reserves. 9c(1)(B) (10) Increase (decrease) in claim reserves. 9c(1)(B) (10) Increase (decrease) in contractive reserves. 9c(1)(B) (10) Increase (decrease) in contra		е	<u>'</u>	. =	<u> </u>	n disability		H		oloyment	블	
Part IV Provision of Information Part IV		i [Stop loss (large deductible)	j	HMO cont	tract	k		PPO contract		I Indemnity co	ontract
a Premiums: (1) Amount received		m	Other (specify)									
(2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearmed premium reserve. (4) Earned ((1)+ (2) - (3))	9	Ехре	rience-rated contracts:									
(3) Increase (decrease) in unearned premium reserve		a F	Premiums: (1) Amount received				9a(1)			14335	0	
(4) Earmed ((1) + (2) - (3)) 9a(4) 143356 b Benefit charges (1) Claims paid 9b(1) 110672 (2) Increase (decrease) in claim reserves			(2) Increase (decrease) in amount due but unpaid				9a(2)					
Benefit charges (1) Claims paid			(3) Increase (decrease) in unearned premium res	erve.			9a(3)					
2) Increase (decrease) in claim reserves. 9b(2) 9b(3) 110488			(4) Earned ((1) + (2) - (3))							9a(4)		143350
(2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. (5) Remainder of premium: (1) Retention charges (on an accrual basis) - (A) Commissions. (B) Administrative service or other fees. (C) Other specific acquisition costs. (D) Other expenses. (E) Taxes. (G) Other reserves. (G) Other reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2)). (B) Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier. a Total premiums or subscription charges paid to carrier. 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. Part IV Provision of Information		b	Benefit charges (1) Claims paid				9b(1)			110672	2	
(4) Claims charged										-18	4	
(4) Claims charged C Remainder of premium: (1) Retention charges (on an accrual basis) — (A) Commissions ————————————————————————————————————			(3) Incurred claims (add (1) and (2))			-				9b(3)		110488
C Remainder of premium: (1) Retention charges (on an accrual basis) → (A) Commissions												110488
(A) Commissions 9c(1)(A) 142(1) (B) Administrative service or other fees 9c(1)(B) 14789 (C) Other specific acquisition costs 9c(1)(C) (D) Other expenses 9c(1)(E) (E) Taxes 9c(1)(E) (F) Charges for risks or other contingencies 9c(1)(F) (3) Other retention charges 9c(1)(F) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or padd) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement. 9d(1) (2) Claim reserves 9d(2) 6308 (3) Other reserves 9d(3) 9e 10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier 9e b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. 10b Part IV Provision of Information		С	Remainder of premium: (1) Retention charges (or	n an a	accrual basi	is)						
(B) Administrative service or other fees 9c(1)(B) 14789 (C) Other specific acquisition costs 9c(1)(C)						· -	9c(1)(A)		1421	1	
(C) Other specific acquisition costs. 9c(1)(C) (D) Other expenses. 9c(1)(E) (E) Taxes. 9c(1)(F) (G) Other retention charges 9c(1)(G) (P) Total retention charges 9c(1)(G) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) (2) Claim reserves. 9c(1) (3) Other reserves at end of year: (1) Amount held to provide benefits after retirement. 9c(1) (2) Claim reserves. 9c(2) (3) Other reserves. 9d(2) (3) Other reserves. 9d(3) (4) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e (5) Nonexperience-rated contracts: 10a (6) Total premiums or subscription charges paid to carrier. 10a (7) In 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 Part IV Provision of Information			` '							1478	9	
(D) Other expenses			` '									
(F) Charges for risks or other contingencies			(D) Other expenses				9c(1)(D))				
(G) Other retention charges			(E) Taxes				9c(1)(E))				
(G) Other retention charges			(F) Charges for risks or other contingencies				9c(1)(F))				
(H) Total retention						-	9c(1)(G)				
(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) Byd(2) 6308 9d(3) Pividends 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						_				9c(1)(H)	29000
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			(2) Dividends or retroactive rate refunds. (These	amo	unts were	paid in	cash, or	٦ c	credited.)			
(2) Claim reserves		d					<u> </u>					
(3) Other reserves		-								` '		6308
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. 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. Specify nature of costs Part IV Provision of Information												
10 Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier		е	` '									
a Total premiums or subscription charges paid to carrier	10		·				(-).,					
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	-		·	arrier						10a		
Specify nature of costs Part IV Provision of Information		_								100		
Part IV Provision of Information				rted	in Part I, ite	m 2 abov	e, report a	amo	ount	10b		
		Sp	ecify nature of costs									
	Pa	rt I\	/ Provision of Information									
				ation	necessary f	to comple	ete Sched	ule	А?	Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

DICA					m is Open to Public Inspection		
For calendar plan year 20	10 or fiscal pla	an year beginning 01/01/201	0	and en	ding 12	/31/2010	-
A Name of plan STOCK YARDS BANK A	ND TRUST C	OMPANY WELFARE PLAN		B Three	e-digit number (Pl	N) •	504
C Plan sponsor's name a STOCK YARDS BANK A				D Employ 61-035		cation Number (EIN)
		rning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
(b) EIN	(c) NAIC	(d) Contract or identification number	(e) Approximate n persons covered a		(6)	Policy or co	
	code	identification number	policy or contract	ct year	(1)	From	(g) To
61-1105118	48127	000686300		63	01/01/2010		12/31/2010
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	total commissions paid. L	ist in item 3	the agents	, brokers, and o	ther persons in
(a) Total a	amount of cor	nmissions paid		(b) To	tal amount	of fees paid	
		411					0
3 Persons receiving com		fees. (Complete as many entrie					
REISERT & ASSOCIATE		and address of the agent, broke	er, or other person to who	m commissi	ons or fees	were paid	
REISERT & ASSOCIATE	3		UISVILLE, KY 40255				
	I		ees and other commissio	ns naid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpose)		(e) Organization code
	411						3
	(a) Namo	and address of the agent, broke	er or other person to who	m commissi	one or feed	were paid	
	(a) Name	and address of the agent, bloke	er, or other person to who	III COIIIIIII55I	ons or rees	were paid	
(b) Amount of sales ar		F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	arrier may be treated as a unit for	purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .1		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		>			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Welfare Benefit Contract Information

	information may be combined for reporting purposes in the entire group of such individual contracts with each	f such contracts ar	re experier	nce-rated as a unit. V	Vhere contracts	
8 B	enefit and contract type (check all applicable boxes)					
a	Health (other than dental or vision) b ☐ D	ental	С	Vision		d Life insurance
e		ong-term disability	g	⊒ Supplemental une	emplovment	h Prescription drug
:		MO contract	k [PPO contract	, ,	I Indemnity contract
		WO CONTIACT	~ [_ PPO contract		I Indemnity contract
n	∩ U Other (specify) ▶					
9 E	xperience-rated contracts:					
	Premiums: (1) Amount received		9a(1)		3091	
	(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)	3091
	Benefit charges (1) Claims paid	_	9b(1)		1533	
	(2) Increase (decrease) in claim reserves		9b(2)		-161	
	(3) Incurred claims (add (1) and (2))				9b(3)	1372
	(4) Claims charged					1372
	Remainder of premium: (1) Retention charges (on an acc	rual basis)				
	(A) Commissions		9c(1)(A)		411	
	(B) Administrative service or other fees		9c(1)(B)		312	
	(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)	723
	(2) Dividends or retroactive rate refunds. (These amounts	s were paid in o	cash, or	credited.)	9c(2)	
	Status of policyholder reserves at end of year: (1) Amoun	t held to provide b	enefits afte	er retirement		
	(2) Claim reserves	······································			2 1/2)	87
	(3) Other reserves				9d(3)	
(Dividends or retroactive rate refunds due. (Do not include	e amount entered i	in c(2) .)		9е	
10	Nonexperience-rated contracts:					
;	Total premiums or subscription charges paid to carrier				10a	
	If the carrier, service, or other organization incurred any s					
	retention of the contract or policy, other than reported in F	Part I, item 2 above	e, report an	nount	10b	
	Specify nature of costs					
Par	IV Provision of Information					

X No

Yes

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

nursuant to EDICA continu 102(a)(2)					n is Open to Public Inspection		
For calendar plan year 20	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010					/31/2010	
A Name of plan STOCK YARDS BANK AI	A Name of plan STOCK YARDS BANK AND TRUST COMPANY WELFARE PLAN			B Three plan	e-digit number (PI	N) •	504
C Plan sponsor's name a STOCK YARDS BANK A				D Employ 61-035		ation Number (EIN)
		ning Insurance Contrac . Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	F NORTH AM	ERICA SUPP & DEP LIFE	(e) Approximate nu	ımber of		Policy or co	intract vear
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f)	From	(g) To
23-1503749	65498	FLX962134	15	•	01/01/20	110	12/31/2010
2 Insurance fee and composite descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in item 3	the agents	, brokers, and o	ther persons in
(a) Total a	amount of con	nmissions paid		(b) To	tal amount	of fees paid	
3 Persons receiving com	missions and	fees. (Complete as many entrie		persons).			0
• r ereene recenting com		and address of the agent, broke			ons or fees	were paid	
GREEN & HALLIBURTO		521	BARRETT AVE JISVILLE, KY 40204		0110 01 1000	wore paid	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code
	3388						
	(a) Name	and address of the agent, broke	er, or other person to whor	n commissi	ons or fees	were paid	
	(2)	g					
(b) Amount of sales ar			ees and other commission				(a) Organization and
commissions pa	iu .	(c) Amount	· · · · · · · · · · · · · · · · · · ·	(d) Purpose	;		(e) Organization code

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contracts with each	carrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year of	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount		00	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• [
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate acc	ounts)	
	а	Type of contract: (1) deposit administration (2) immediate	e participation guarante	ee	
		(3) guaranteed investment (4) other			
		(c) gaarantood invocation.			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year		1 - 3	
		(2) Dividends and credits	= (0)		
		(3) Interest credited during the year	= (0)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
)			
		(O)Taraha dilita a		70(6)	0
	٠ لم	(6)Total additions		7c(6)	
		Total of balance and additions (add b and c(6)).		7d	
		Deductions:	70/4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			

Page	4

r	art II	If more than one contract covers the same gr information may be combined for reporting puthe entire group of such individual contracts of	oup o	es if such contrac	cts are experien	nce	e-rated as a unit. Whe	ere contrac	nployee organization(s), the cts cover individual employees,
8	Ben	efit and contract type (check all applicable boxes)							
	а	Health (other than dental or vision)	b	Dental	с		Vision		d X Life insurance
	е	Temporary disability (accident and sickness)	f	Long-term disa	bility g	=	Supplemental unemp	lovment	h Prescription drug
	; [Stop loss (large deductible)	:	HMO contract	k	=	PPO contract	io y i i i o i i i	-
	' L	<u> </u>) [I HIVIO CONTIACT	~ [PPO CONTIACT		I Indemnity contract
	m	Other (specify)							
9		rience-rated contracts:							
9		Prience-rated contracts: Premiums: (1) Amount received			00/1)	1			_
		()			- (-)	+			
		(2) Increase (decrease) in amount due but unpaid(3) Increase (decrease) in unearned premium res				t			
		(4) Earned ((1) + (2) - (3))				<u> </u>		9a(4)	
	_	Benefit charges (1) Claims paid				T		Ju(+)	
		(2) Increase (decrease) in claim reserves				t			
		(3) Incurred claims (add (1) and (2))						9b(3)	
		(4) Claims charged					i	9b(4)	
		Remainder of premium: (1) Retention charges (o					1	7.2(1)	
		(A) Commissions		,	9c(1)(A)				
		(B) Administrative service or other fees			- (1)(7)	Ī			
		(C) Other specific acquisition costs			0. (4)(0)				_
		(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	amo	unts were paid	d in cash, or	С	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amo	ount held to provi	de benefits afte	er i	retirement	9d(1)	
		(2) Claim reserves						9d(2)	
		(3) Other reserves						9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot inc	ude amount ente	ered in c(2) .)			9е	
10) No	nexperience-rated contracts:					r		17.100
	_	Total premiums or subscription charges paid to o						10a	47432
	b	If the carrier, service, or other organization incurr						40h	
	C	retention of the contract or policy, other than repoecify nature of costs	опеа	in Part I, item 2 a	bove, report an	no	ount	10b	
	art I		-4:				A2	Vas	No
11	l Dic	I the insurance company fail to provide any inform	ation	necessary to cor	npiete Schedul	le .	A?	Yes	X No

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	rporation	pursuant to	s are required to provide to ERISA section 103(a)(2)	m 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 STOCK YARDS BANK AN	ND TRUST C	COMPANY WELFARE PLAN		B Three-digit 504			504	
C Plan sponsor's name a STOCK YARDS BANK AI		D Employer Identification Number (EIN) 61-0354170						
		ning Insurance Contrac Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance cal LIFE INSURANCE CO OF		ERICA ACC DEATH						
	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or co	ntract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
23-1503749	65498	OK 963771	1:	51	01/01/20	10	12/31/2010	
2 Insurance fee and communication descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents	, brokers, and c	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Dorgona rosaiving com	missions and	food (Complete of many entries	as as pooded to report all	noroona)			0	
J Fersons receiving com		fees. (Complete as many entrie						
GREEN & HALLIBURTON			er, or other person to who BARRETT AVE JISVILLE, KY 40204	m commiss	ions or tees	were paid		
(b) Amount of sales ar	azed be	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
1138								
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales an			es and other commissions paid				(a) Organization and	
commissions pai	u	(c) Amount		(d) Purpose	.		(e) Organization code	

Schedule A (Form 5500)	2010	Page 2-							
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid						
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid						
(b) Amount of sales and base		Fees and other commission		(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid						
(b) Amount of sales and base		Fees and other commission		(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid						
(a) No	and and address of the agent, prone	w, or other percent to whem	COMMISSIONIC OF 1000 WORD PAIG						
		Face and other commission	ao naid						
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	(e) Organization code						
	(o) runount		(d) Purpose						
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid						
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
	• •								
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	dual contracts with each	carrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year of	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount		00	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• [
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate acc	ounts)	
	а	Type of contract: (1) deposit administration (2) immediate	e participation guarante	ee	
		(3) guaranteed investment (4) other			
		(c) gaarantood invocation.			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year		1 - 3	
		(2) Dividends and credits	= (0)		
		(3) Interest credited during the year	= (0)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
)			
		(O)Taraha dilita a		70(6)	0
	٠ لم	(6)Total additions		7c(6)	
		Total of balance and additions (add b and c(6)).		7d	
		Deductions:	70/4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			

Page	4
------	---

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)	Dental	С	Vision		d X Life insurance	
e Temporary disability (accident and sickness) f	Long-term disability	, g∏	Supplemental unem	ployment	h Prescription drug	
i Stop loss (large deductible)	HMO contract	_ =	PPO contract		I Indemnity contract	
m Other (specify)						
III Cultif (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 reserv		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 a	n accrual basis)					
(A) Commissions	T	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	<u>-</u>	9c(1)(F)			-	
(G) Other retention charges	_	9c(1)(G)		00(4)(U)		
(H) Total retention	_			9c(1)(H)		
(2) Dividends or retroactive rate refunds. (These am						
d Status of policyholder reserves at end of year: (1) Ar	·			` ` `		
(2) Claim reserves				9d(2)		
(3) Other reserves				9d(3)		
Dividends or retroactive rate refunds due. (Do not in	iciude amount entered	ın c(2) .)		9e		
10 Nonexperience-rated contracts:	or			. 10a	7589	
a Total premiums or subscription charges paid to carrib If the carrier, service, or other organization incurred				IUa	. 333	
retention of the contract or policy, other than reporte				10b		
Specify nature of costs	·	•			•	
, ,						
Part IV Provision of Information						
11 Did the insurance company fail to provide any information	on necessary to comple	ete Schedule	A?	Yes	No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

number of the FDICA continue 102(a)(2)					m 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 STOCK YARDS BANK AI	ND TRUST CC	MPANY WELFARE PLAN	В	Three-digit plan number (F	PN)	504
C Plan sponsor's name as shown on line 2a of Form 5500. STOCK YARDS BANK AND TRUST COMPANY D Employer Identification Number (EIN) 61-0354170						
		ning Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca AMERICAN HERITAGE L		CE				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end		Policy or co	ontract year
(b) EIN	code	identification number	policy or contract year		f) From	(g) To
59-0781901	60534	98991	128	01/01/2	2010	12/31/2010
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	tal commissions paid. List in	item 3 the agent	ts, brokers, and c	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
	6064					
3 Persons receiving com	missions and fo	ees. (Complete as many entrie	s as needed to report all pers	ons).		
<u> </u>		and address of the agent, broke			es were paid	
GREEN & ASSOCIATES			BARRETT AVE ISVILLE, KY 40204			
(b) Amount of sales ar	nd hase	Fe	es and other commissions pa	aid		
commissions pai		(c) Amount	(d) F	Purpose		(e) Organization code
	5661					
	(a) Name a	and address of the agent, broke	or other person to whom co	mmissions or fee	es were paid	
DRURY & COMPANY INC PO BOX 869 FRANKLIN, TN 37065-0869						
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	aid		
commissions pai		(c) Amount	(d) F	Purpose		(e) Organization code
	403					

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		>			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4
------	---

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

P	art II	Welfare Benefit Contract Informat	ion				
•		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the surposes if such contracts	are experien	ce-rated as a unit. Wh	ere contrac	ployee organization(s), the ts cover individual employees,
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d ☐ Life insurance
	е	<u>.</u>	f Long-term disability	ty g		nlovment	h Prescription drug
	:				=	ployment	
	' <u> </u>	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
_							
9		rience-rated contracts:		0-(4)	1		
		Premiums: (1) Amount received					
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium res				00/4)	
		(4) Earned ((1) + (2) - (3))				. 9a(4)	
		Benefit charges (1) Claims paid					
		(2) Increase (decrease) in claim reserves(2) Increase (decrease) in claim reserves(2)				. 9b(3)	
		(3) Incurred claims (add (1) and (2))(4) Claims charged				9b(3)	
		Remainder of premium: (1) Retention charges (o				. <u> 30(4)</u>	
	Ū	(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	_				
		(2) Claim reserves	•			. 9d(2)	
		(3) Other reserves				. 9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		. 9e	
10) No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			. 10a	45824
	b	If the carrier, service, or other organization incurr				4.01	
	_	retention of the contract or policy, other than repo	orted in Part I, item 2 abor	ve, report an	nount	10b	
	Sp	ecify nature of costs					
P	art I\	Provision of Information					_
1	l Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedul	e A?	Yes	× No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Fo	rm is Open to Public Inspection	
For calendar plan year 20	10 or fiscal plar	n year beginning 01/01/2010	and er	nding 12/3	31/2010	
A Name of plan STOCK YARDS BANK AND TRUST COMPANY WELFARE PLAN				e-digit number (PN) •	504
C Plan sponsor's name a STOCK YARDS BANK A			D Emplo 61-035		ation Number	(EIN)
		ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance ca		CE PLAN TERMINATED 2/2/2010				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		•	ontract year
(b) LIN	code	identification number	policy or contract year	(f)	From	(g) To
59-0781901	60534	99001	42	01/01/201	10	12/31/2010
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	commissions paid. List in item 3	the agents,	brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
		252				0
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	is needed to report all persons).			
		and address of the agent, broker, o		ions or fees v	were paid	
GREEN & ASSOCIATES		521 BA	RRETT AVE VILLE, KY 40204		·	
(le) Assessment of colors of	-d b	Fees	and other commissions paid			
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose			(e) Organization code
	234					
	(a) Name a	and address of the agent, broker, o	or other person to whom commiss	ions or fees v	were paid	
DRURY & COMPANY IN	C	PO BC FRANK	X 869 KLIN, TN 37065-0869		·	
(b) Amount of sales ar	nd hase	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpose	e		(e) Organization code
	18					3
Fan Banananah Barbarda	n Ant Nation a	and OMP Central Numbers, see	the instructions for Form F500		Cal	adula A (Farm FEOO) 2010

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each o	arrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:		<u> </u>	
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount	•	1 60	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• []	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate accou	nts)	
	а	Type of contract: (1) deposit administration (2) immedia	te participation guarantee		
		(3) guaranteed investment (4) other			
		(o) guaranteed investment (i) guaranteed			
		5 .		71.	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- (a)		
		(3) Interest credited during the year	- (4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	70(3)		
		•			
		(6)Total additions		7c(6)	0
	ď	Total of balance and additions (add b and c(6))		7d	
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		>			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			
		, , , , , , , , , , , , , , , , , , , ,			

Page	4

Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts we	oup of employees of the surposes if such contracts a	are experien	ice-rated as a unit. Wh	ere contrac	
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	plovment	h Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	=	p.0,	I Indemnity contract
	' L		J I TIMO CONTIACT	ΝĮ	_ FFO Contract		I Indemnity contract
	m	Other (specify)					
_	_	de constant a contracta					
9		erience-rated contracts:	[00/1)			+
		Premiums: (1) Amount received	ŀ	9a(1) 9a(2)			-
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium res	·-			9a(4)	
	b	(4) Earned ((1) + (2) - (3))	r			3a(4)	
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))	· · · · · · · · · · · · · · · · · · ·		1	9b(3)	
		(4) Claims charged				9b(4)	
		Remainder of premium: (1) Retention charges (o				35(4)	
	Ū	(A) Commissions	i	9c(1)(A)			_
		(B) Administrative service or other fees	i	9c(1)(B)			
		(C) Other specific acquisition costs	•	9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes	l	9c(1)(E)			
		(F) Charges for risks or other contingencies	İ	9c(1)(F)			
		(G) Other retention charges	ľ	9c(1)(G)			
		(H) Total retention	· · · · · · · · · · · · · · · · · · ·			9c(1)(H)
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)		
	d	Status of policyholder reserves at end of year: (1					
	-	(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no				9e	
10		nexperience-rated contracts:		<u> </u>			
	а	Total premiums or subscription charges paid to c	arrier			10a	200
	_	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo	orted in Part I, item 2 abov	/e, report an	nount	. 10b	
	Sp	ecify nature of costs					
Pá	art I\	Provision of Information					
11	Dic	the insurance company fail to provide any inform	ation necessary to compl	ete Schedul	Δ2	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

,			RISA section 103(a)(2).	This For	m is Open to Public Inspection	
For calendar plan year 20°	10 or fiscal plar	n year beginning 01/01/2010	and e	nding 12/31/2010	•	
A Name of plan STOCK YARDS BANK AI	ND TRUST CC	MPANY WELFARE PLAN		ee-digit n number (PN)	504	
C Plan sponsor's name as shown on line 2a of Form 5500. STOCK YARDS BANK AND TRUST COMPANY D Employer Identification Number (EIN) 61-0354170						
		ning Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or c	ontract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To	
39-1263473	73288	707486	331	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.					
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid					
41083 144431						
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).			
		and address of the agent, broker, o		sions or fees were paid		
AIS BENEFIT CONCEPT	S LLC		MAGISTERIAL DR VILLE, KY 40223			
(b) Amount of sales ar	nd base	Fees	and other commissions paid			
commissions pai	d	(c) Amount	(d) Purpos	(e) Organization code		
	41083	144431 AD	MINISTRATIVE FEES		3	
	(a) Name a	and address of the agent, broker, o	or other person to whom commiss	sions or fees were paid		
MEDLINK INC			0X 23570 VILLE, KY 40223			
(b) Amount of sales ar	nd base	Fees	s and other commissions paid			
commissions pai	d	(c) Amount	(d) Purpos	e	(e) Organization code	
					3	
For Paperwork Reductio	n Act Notice a	and OMB Control Numbers, see	the instructions for Form 5500	. Sch	edule A (Form 5500) 2010	

Schedule A (Form 5500)	2010	Page 2-		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each	carrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year of	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount		00	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• [
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate acc	ounts)	
	а	Type of contract: (1) deposit administration (2) immediate	e participation guarante	ee	
		(3) guaranteed investment (4) other			
		(c) gaarantood invocation.			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year		1 - 3	
		(2) Dividends and credits	= (0)		
		(3) Interest credited during the year	= (0)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
)	. , ,		
		(O)Taraha dilita a		70(6)	Ω
	٠ لم	(6)Total additions		7c(6)	
		Total of balance and additions (add b and c(6)).		7d	
		Deductions:	70/4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			

Page	4

Pa	rt III	Welfare Benefit Contract Informat	ion					
• •	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 v	vith each carrier may be	treated as a u	nit for purposes of this	s report.		
8	Bene	fit and contract type (check all applicable boxes)						
	a X	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Exper	ience-rated contracts:						
		remiums: (1) Amount received		. 9a(1)				
		Increase (decrease) in amount due but unpaid						
		3) Increase (decrease) in unearned premium res						
		4) Earned ((1) + (2) - (3))				. 9a(4)		
	. `	Benefit charges (1) Claims paid				., J		
		2) Increase (decrease) in claim reserves						
	,	,				0b/2\		
		3) Incurred claims (add (1) and (2))				. 9b(3)		
	,	4) Claims charged		•••••		. 9b(4)		
	С	Remainder of premium: (1) Retention charges (o	,	0 (4)(4)			_	
		(A) Commissions		9c(1)(A)			_	
		(B) Administrative service or other fees		9c(1)(B)			_	
		(C) Other specific acquisition costs						
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		- (1)(-)				
		(F) Charges for risks or other contingencies						
		(G) Other retention charges		9c(1)(G)		1		
		(H) Total retention	<u>.</u>	<u></u>		. 9c(1)(H))	
	((2) Dividends or retroactive rate refunds. (These	amounts were paid in	n 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	10 Nonexperience-rated contracts:							
		Total premiums or subscription charges paid to c	arrier			. 10a	209196	
	_	If the carrier, service, or other organization incurr				100		
		retention of the contract or policy, other than repo				. 10b		
	Spe	ecify nature of costs						
	•	•						
Pa	rt IV	Provision of Information						
11	Did	the insurance company fail to provide any inform	ation necessary to comp	lete Schedule	А?	Yes	No	
		e answer to line 11 is "Yes," specify the informati					<u> </u>	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	rporation	Insurance companies are required to provide the informati pursuant to ERISA section 103(a)(2).			on		m is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010						31/2010	•
A Name of plan STOCK YARDS BANK AI	ND TRUST C	COMPANY WELFARE PLAN		B Three-digit 504		504	
C Plan sponsor's name a STOCK YARDS BANK AI			D Employer Identification Nur 61-0354170		ation Number (EIN)	
		ning Insurance Contract. Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	T	(d) Contract or	(e) Approximate n	umber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	identification number	persons covered a		(f)	From	(g) To
74-2552026	60984	707486	186		01/01/20	10	12/31/2010
2 Insurance fee and compute descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3 t	he agents,	brokers, and o	ther persons in
(a) Total a	amount of con	nmissions paid		(b) Tota	(b) Total amount of fees paid		
3238 0 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).						0	
					ns or fees	were paid	
MEDLINK INC	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MEDLINK INC PO BOX 23570 LOUISVILLE, KY 40223						
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pai	İ	(c) Amount		(d) Purpose			(e) Organization code
3238							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales and base Fees and other commissions paid				(a) Ormanization and			
commissions paid		(c) Amount		(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2010	Page 2-							
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid						
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid						
(b) Amount of sales and base		Fees and other commission		(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid						
(b) Amount of sales and base		Fees and other commission		(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid						
(a) No	and and address of the agent, prone	w, or other percent to whem	COMMISSIONIC OF 1000 WORD PAIG						
		Face and other commission	ao naid						
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commission	(d) Purpose	(e) Organization code					
	(o) runount		(a) i dipoco						
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid						
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization					
commissions paid	(c) Amount		(d) Purpose	code					
	• •								
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization					
commissions paid (c) Amount (d) Purpose			code						

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	dual contracts with each	carrier may be treated as a unit for	purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year of	end	4	
_		ent value of plan's interest under this contract in separate accounts at year er		1 _ 1	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in conretention of the contract or policy, enter amount		00	
		Specify nature of costs •			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termina	ating plan check here	• [
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts mai	ntained in separate acc	ounts)	
	а	Type of contract: (1) deposit administration (2) immediate	e participation guarante	ee	
		(3) guaranteed investment (4) other			
		(c) gaarantood invocation.			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year		1 - 3	
		(2) Dividends and credits	= (0)		
		(3) Interest credited during the year	= (0)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
)	. , ,		
		(O)Taraha dilita a		70(6)	Ω
	٠ لم	(6)Total additions		7c(6)	
		Total of balance and additions (add b and c(6)).		7d	
		Deductions:	70/4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			

Page	4

Part III Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting pure the entire group of such individual contracts with	up of employees of the sposes if such contracts	are experie	nce-rated as a unit. V	Vhere contract	
8 Benefit and contract type (check all applicable boxes)					
a Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
e Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental une	mployment	h Prescription drug
i Stop loss (large deductible)	i HMO contract	k	PPO contract		I Indemnity contract
m ☐ Other (specify) ▶			□ · · · · · · · · · · · · · · · · · · ·		
III Utilet (Specify)					
9 Experience-rated contracts:					
a Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpaid.					
(3) Increase (decrease) in unearned premium rese					
(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					_
(F) Charges for risks or other contingencies					<u> </u>
(G) Other retention charges			-	00/41/11	,
(H) Total retention	_		1	9c(1)(H)
(2) Dividends or retroactive rate refunds. (These a	—				
d Status of policyholder reserves at end of year: (1)					
(2) Claim reserves					
(3) Other reserves				` ` `	
e Dividends or retroactive rate refunds due. (Do not10 Nonexperience-rated contracts:	include amount entered	i in c(2) .)		9e	
	rrior			100	24790
a Total premiums or subscription charges paid to cab If the carrier, service, or other organization incurre				<u>10a</u>	200
retention of the contract or policy, other than repor				10b	
Specify nature of costs	·				•
, ,					
Part IV Provision of Information					
11 Did the insurance company fail to provide any informa	tion necessary to compl	ete Schedu	le A?	Yes	X No