Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

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

					Inspection	ublic	
Part I	Annual Report Ident	ification Information					
For cale	ndar plan year 2010 or fiscal pl	an year beginning 01/01/20	10 <u></u>	and ending 12/31	/2010		
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or			
		X a single-employer plan	; a DFE (specify)			
		_	_				
B This	return/report is:	the first return/report;	the fina	return/report;			
	·	an amended return/rep	ort; a short	plan year return/report (less	than 12 months).		
C If the	plan is a collectively-bargained	Dlan. check here					
	k box if filing under:	Form 5558;	_	tic extension;	the DFVC program;		
D Chec	k box ii iiiiiig under.	special extension (ente		aro exterioreri,	ino bi vo program,		
Dowt	II Dania Dian Informa		· /				
Part		ation—enter all requested in	formation		4b Thurs distinct	T	
	ne of plan IEDICAL SERVICES COMPAN	IV HEALTH AND WELFARE F	ΟΙ ΔΝΙ		1b Three-digit plan number (PN) ▶	501	
WOOT	IEDIOAE GERVIOLO GOIVII AR	IT TIERETTI AND WEELAKET	LAIV		1c Effective date of pl	an	
					01/01/2002		
	sponsor's name and address		oyer plan)		2b Employer Identification	ation	
,	ress should include room or su ROUP, INC.	ite no.)			Number (EIN) 80-0197267		
	RE MANAGEMENT				2c Sponsor's telephor	ne	
WIGG OF	INCE IN THE TOTAL PROPERTY.				number 904-646-0199		
841 PRL	JDENTIAL DR, STE 900	841 [841 PRUDENTIAL DR. STE 900				
	NVILLE, FL 32207		JACKSONVILLE, FL 32207			2d Business code (see instructions)	
					541990		
	: A penalty for the late or inco	· · · · · · · · · · · · · · · · · · ·	•				
					t, including accompanying sche pelief, it is true, correct, and con		
SIGN	Filed with authorized/valid elec	tronic signature.	10/14/2011	GUY JACKSON			
HERE							
	Signature of plan administr	ator	Date	Enter name of individual	signing as plan administrator		
SIGN							
HERE							
	Signature of employer/plan	sponsor	Date	Enter name of individual	signing as employer or plan sp	onsor	
SIGN							
HERE							

Date

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**

	Plan administrator's name and address (if same as plan sponsor, enter "San C GROUP, INC.	3b Administrator's EIN 80-0197267		
	1 PRUDENTIAL DR, STE 900 CKSONVILLE, FL 32207	nu	3c Administrator's telephone number 904-646-0199	
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	636
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
_	Author months and a		-	605
а	Active participants		. 6a	605
b	Retired or separated participants receiving benefits		. 6b	6
С	Other retired or separated participants entitled to future benefits		. 6c	0
d	Subtotal. Add lines 6a, 6b, and 6c		. 6d	611
е	Deceased participants whose beneficiaries are receiving or are entitled to re	. 6e		
f	Total. Add lines 6d and 6e	. 6f	611	
q	Number of participants with account balances as of the end of the plan year	(only defined contribution plans		
9	complete this item)	•	. 6g	
h	Number of participants that terminated employment during the plan year with		. 6h	
7	less than 100% vested		7	
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of Plan Characteristic Code		nstructions:
	If the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D 4F 4H 4L	Tax		
уа	Plan funding arrangement (check all that apply) (1)	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	ce contracts
	(3) Trust	(3) Trust		
40	(4) General assets of the sponsor	(4) X General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ittached, and, where indicated, enter the numi	oer attac	thed. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money	(1) H (Financial Inform (2) I (Financial Inform	,	Small Plan\
	Purchase Plan Actuarial Information) - signed by the plan	(3) X 6 A (Insurance Information		omaii i ianj
	actuary	(4) C (Service Provide	,	nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participati	ng Plan	Information)
	Information) - signed by the plan actuary	(6) G (Financial Trans	saction S	Schedules)

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

A Name of plan			В	Three		501	
MSC - MEDICAL SERVIC	HEALTH AND WELFARE PLAN	1		number (PN)	30.		
C Plan sponsor's name a MSC GROUP, INC.	s shown on line	2a of Form 5500.		80-019	yer Identification Number 7267	(EIN)	
		ing Insurance Contract Condition Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end		Policy or o	contract year	
(b) EIN	code	identification number	policy or contract yea		(f) From	(g) To	
39-1263473	73288	627838	445		01/01/2010	12/31/2010	
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	Il commissions paid. List in	item 3	the agents, brokers, and	other persons in	
(a) Total a	amount of comm	nissions paid		(b) To	tal amount of fees paid	0	
						0	
3 Persons receiving com		es. (Complete as many entries and address of the agent, broker,	- ' '		ons or fees were paid		
BENEFIT TECHNOLOGI		LLC 8110 (STE 2	CYPRESS PLAZA DR 01		<u> </u>		
		JACK	SONVILLE, FL 32256				
(b) Amount of sales ar	nd base	Fee	s and other commissions pa	aid		1	
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	1711					3	
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmissi	ons or fees were paid		
RICHTER AND COMPAN		· ·	CYPRESS PLAZA DR				
		JACK	SONVILLE, FL 32256				
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d) P	Purpose	•	(e) Organization code	
837						3	
For Paperwork Reduction	For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule 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	(b) Amount of sales and base Fees and other commissions paid (e) Organization						
commissions paid	(c) Amount		(d) Purpose	code			

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

If m info the	elfare Benefit Contract Informat ore than one contract covers the same gr rmation may be combined for reporting pu entire group of such individual contracts v	oup of irpose:	s if such contracts	are expe	rienc	e-rated as a unit. W	here contrac	
8 Benefit and	contract type (check all applicable boxes)	_			_	-		_
a Health	n (other than dental or vision)	b	Dental		CX	Vision		d Life insurance
e Temp	orary disability (accident and sickness)	f	Long-term disabili	ty	g	Supplemental uner	nployment	h Prescription drug
i Stop I	oss (large deductible)	iΠ	HMO contract		k	PPO contract		I Indemnity contract
= -	(specify)	•			<u> </u>	1		- L
🗀 🖰	(opeony) ,							
9 Experience-r	ated contracts:							
a Premium	ns: (1) Amount received			9a(1))			
(2) Incre	ease (decrease) in amount due but unpaid	i						
	ease (decrease) in unearned premium res							
	ned ((1) + (2) - (3))						9a(4)	
b Benefit	charges (1) Claims paid			9b(1))			
(2) Incre	ease (decrease) in claim reserves			9b(2)			
(3) Incu	rred claims (add (1) and (2))						9b(3)	
` '	ns charged						9b(4)	
C Remain	nder of premium: (1) Retention charges (o	n an a	ccrual basis)					
(A)	Commissions			9c(1)(
(B)	Administrative service or other fees			9c(1)(
(C)	Other specific acquisition costs			9c(1)(
(D)	Other expenses			9c(1)(l				
` ,	Taxes			9c(1)(l				_
	Charges for risks or other contingencies							
(G)	Other retention charges			90(1)(G)		- (1) (1)	
` '	Total retention		_		_		9c(1)(H)
	dends or retroactive rate refunds. (These		ш -		ш			
	of policyholder reserves at end of year: (1	,	•					
(2) Clai	m reserves							
()	er reserves							
	ds or retroactive rate refunds due. (Do no	ot inclu	de amount entered	l in c(2) .))		9e	
	ence-rated contracts:						- 10	34476
	remiums or subscription charges paid to c						<u>10a</u>	34476
	arrier, service, or other organization incurr on of the contract or policy, other than repo						10b	
	ture of costs	ntcu ii	i i ait i, itom z abo	vc, repor	t arriv	ount		
Орсспу па	ture of costs 'F							
Part IV Pr	ovision of Information							
				-1- 0 1		Λο Γ	7 Vos	No No
II Did the inst	urance company fail to provide any inform	ation r	necessary to compl	ete Sche	edule	A?	Yes	INO

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2010 or fiscal plan year beginning

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).

and ending

12/31/2010

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

A Name of plan MSC - MEDICAL SERVICE	HEALTH AND WELFARE PLAN		B Three plan	501		
				·	· ,	
C Plan sponsor's name a MSC GROUP, INC.	s shown on line	2a of Form 5500.		D Emplo 80-019	yer Identification Number (17267	EIN)
		ing Insurance Contract C				
1 Coverage Information:						
(a) Name of insurance ca		ιNY				
	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
39-0714280	70580	627838	48	31	01/01/2010	12/31/2010
2 Insurance fee and communication descending order of the		tion. Enter the total fees and total	commissions paid. Li	st in item 3	the agents, brokers, and o	other persons in
(a) Total a	mount of comm			(b) To	tal amount of fees paid	
		20476				0
3 Persons receiving com		es. (Complete as many entries a				
BENEFIT TECHNOLOGII		nd address of the agent, broker, o	or other person to whore SYPRESS PLAZA DR	m commiss	ions or fees were paid	
DENETTI TEGINOLOGII	EO BIVIOIOIV II	STE 20				
(b) Amount of sales ar			ees and other commissions paid			(2) Ornaniantian and
commissions pai	15360	(c) Amount	(d) Purpose		9	(e) Organization code
	(a) Name ar	nd address of the agent, broker, c	or other person to who	m commiss	ions or fees were paid	
RICHTER AND COMPAN			YPRESS PLAZA DR			
		JACKS	ONVILLE, FL 32256			
(b) Amount of sales and base Fees and other commissions paid						
commissions pai		(c) Amount	(d) Purpose			(e) Organization code
					3	
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for F	orm 5500.	Sch	 edule A (Form 5500) 2010 v.092308.1

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

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

Part III Welfare Benefit Contract Information

	If more than one contract covers the same group of employees of the sinformation may be combined for reporting purposes if such contracts the entire group of such individual contracts with each carrier may be to	are experienc	e-rated as a unit. Wi	nere contract	
8 Be	nefit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	с□	Vision		d Life insurance
е	Temporary disability (accident and sickness) f Long-term disability	tv a 🗆	Supplemental unem	nlovment	h Prescription drug
:		_ =		ipioyinoni	
1	☐ Stop loss (large deductible) j ☐ HMO contract	κU	PPO contract		I Indemnity contract
m	Other (specify)				
9 Exp	perience-rated contracts:				
	Premiums: (1) Amount received	9a(1)		244251	7
	(2) Increase (decrease) in amount due but unpaid	9a(2)			7
	(3) Increase (decrease) in unearned premium reserve	9a(3)]
	(4) Earned ((1) + (2) - (3))			9a(4)	244251
b	Benefit charges (1) Claims paid	9b(1)		177095	
	(2) Increase (decrease) in claim reserves	9b(2)		5274	
	(3) Incurred claims (add (1) and (2))			9b(3)	182369
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (on an accrual basis)				
	(A) Commissions	9c(1)(A)		20476	
	(B) Administrative service or other fees	-			
	(C) Other specific acquisition costs				_
	(D) Other expenses				_
	(E) Taxes				
	(F) Charges for risks or other contingencies			61882	_
	(G) Other retention charges			1	
	(H) Total retention	_		. , , , ,	02330
	(2) Dividends or retroactive rate refunds. (These amounts were _ paid in				
d					33292
	(2) Claim reserves			9d(2)	33232
_	(3) Other reserves			9d(3)	
10 N	,	d in c(2) .)		9e	
_	lonexperience-rated contracts:			100	_
a b				10a	+
	retention of the contract or policy, other than reported in Part I, item 2 above	ve, report amo	ount	. 10b	
S	Specify nature of costs				
Part	IV Provision of Information				
11 D	old the insurance company fail to provide any information necessary to compl	lete Schedule	A?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

		pursuant to El	RISA section 103(a)(2).				Inspection		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
A Name of plan MSC - MEDICAL SERVIO	Y HEALTH AND WELFARE PLAN	1	B Three	e-digit number (P	N) •	501			
C Plan sponsor's name a MSC GROUP, INC.	C Plan sponsor's name as shown on line 2a of Form 5500. MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267								
		ning Insurance Contract C Individual contracts grouped as a							
1 Coverage Information:									
(a) Name of insurance ca		NCE							
	(c) NAIC	(d) Contract or	(e) Approximate nur			Policy or co	ntract year		
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To		
59-0781901	60534	69535	296	6	01/01/20	010	12/31/2010		
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	l commissions paid. Lis	st in item 3	the agents	s, brokers, and o	ther persons in		
(a) Total a	amount of com	missions paid 37092		(b) To	tal amount	of fees paid	0		
3 Persons receiving com	missions and f	rees. (Complete as many entries a	as needed to report all p	ersons).					
		and address of the agent, broker, o			ions or fees	s were paid			
DWIGHT PIERCE / RICH			CYPRESS PLAZA DR						
			SONVILLE, FL 32256						
(b) Amount of sales ar	nd base	Fees	s and other commissions	s paid					
commissions pa	id	(c) Amount	(0	(d) Purpose			(e) Organization code		
	30810						3		
	(a) Name a	and address of the agent, broker, o	or other person to whom	commiss	ions or fees	s were paid			
DONALD LIKENS 8833 PERIMETER PARK BLVD STE 802 JACKSONVILLE, FL 32216									
(b) Amount of sales ar	nd hase	Fees	s and other commissions	s paid					
commissions pa		(c) Amount	(d) Purpose				(e) Organization code		
	66						3		
For Paperwork Reductio	n Act Notice	and OMB Control Numbers, see	the instructions for Fo	orm 5500.		Sche	edule A (Form 5500) 2010		

Schedule A (Form 5500)	2010	Page 2-	
(a) Na JOHN SWEENEY C/O BENEFIT SVC	CS GRP 1200	r, or other person to whom commissions or fees were pa EAST TAFT ST ILPA, OK 74066	id
(b) Amount of sales and base commissions paid	(e) Organization code		
(a) Na	RP 1200	r, or other person to whom commissions or fees were pa EAST TAFT ST ILPA, OK 74066	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
422			3
(a) No	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
MICHAEL SASSER C/O BENEFIT S\	STE 8 JACK	SONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 273	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
ROSS LEHMAN	8833 STE 8	PERIMETER PARK BLVD	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
985			3
	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
THOMAS COOPER	STE 8	PERIMETER PARK BLVD 302 SONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 871	(c) Amount	(d) Purpose	code 3

Schedule A (Form 5500) 20	10	Page 2-	
(a) Name		oroker, or other person to whom commissions or fees were pa	d
WILLARD FORD	S	833 PERIMETER PARK BLVD ITE 802 ACKSONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 635	(c) Amount	(d) Purpose	code 3
033			3
(a) Name		oroker, or other person to whom commissions or fees were pai 833 PERIMETER PARK BLVD ITE 802 ACKSONVILLE, FL 32216	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
253			3
(a) Name	e and address of the agent, b	oroker, or other person to whom commissions or fees were pa	id .
DAVID B PHILLIPS	Š	833 PERIMETER PARK BLVD ITE 802 ACKSONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 831	(c) Amount	(d) Purpose	code 3
(a) Name	and address of the agent, b	proker, or other person to whom commissions or fees were pa	id
MELISSA E GEORGE	S	833 PERMITER PARK BLVD ITE 802 ACKSONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) Name	and address of the agent, b	proker, or other person to whom commissions or fees were pa	id
EMTT INC C/O TAYLOR INS SVCS		O BOX 190 ALDOSTA, GA 31603	
(b) Amount of sales and base	43.4	Fees and other commissions paid	(e) Organization
commissions paid 42	(c) Amount	(d) Purpose	code 3
			•

Schedule A (Form 5500)	2010	Page 2- β	
(a) Na	me and address of the agent brok	ker, or other person to whom commissions or fees were paid	1
LESLEE RAY	2820	O ADMIRAL WALK DR W ANGE PARK, FL 32073	
(b) Amount of sales and base	(2) 0 22 22 24	Fees and other commissions paid	(e) Organization
commissions paid 33	(c) Amount	(d) Purpose	code 3
(a) Na	ıme and address of the agent, brok	ker, or other person to whom commissions or fees were paid	d
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
		(7)	
(a) No	and address of the agent brol	ker, or other person to whom commissions or fees were paid	J
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) No	uma and address of the agent, brok	ker, or other person to whom commissions or fees were paid	
	me and address of the agent, broke	Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
·	(3)	(a) i a passo	
(a) Na	me and address of the agent, brok	ker, or other person to whom commissions or fees were paid	1
(d) The	and sauces of the agent, block		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

C Vision

d X Life insurance

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.

b Dental

8 Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Welfare Benefit Contract Information

Part III

	е	Temporary disability (accident and sickness)	f	Long-term disability	/ g	Supplemental uner	mployment	h 📗 '	Prescription drug
	i [Stop loss (large deductible)	i □	HMO contract	k	PPO contract		$\mathbf{I} \square_{i}$	ndemnity contract
	m		• 🗆		<u> </u>	1		- Ш .	
	m	Other (specify) •							
α_		aviance rated contractor							
		erience-rated contracts:		Г	0-(4)			4	
	a	Premiums: (1) Amount received			9a(1)			4	
		(2) Increase (decrease) in amount due but unpaid			9a(2)			-	
		(3) Increase (decrease) in unearned premium res		_	9a(3)		0-(4)		
		(4) Earned ((1) + (2) - (3))					9a(4)	+	
	b	Benefit charges (1) Claims paid		-	9b(1)			4	
		(2) Increase (decrease) in claim reserves		_	9b(2)		T		
		(3) Incurred claims (add (1) and (2))					9b(3)	₩	
		(4) Claims charged					9b(4)	₩	
	С	Remainder of premium: (1) Retention charges (c	on an a					4	
		(A) Commissions			9c(1)(A)			_	
		(B) Administrative service or other fees			9c(1)(B)				
		(C) Other specific acquisition costs		<u> </u>	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	e amou	nts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1						+	
		(2) Claim reserves	•	·				+	
		(3) Other reserves					0.1(0)	+	
	е	Dividends or retroactive rate refunds due. (Do n						+	
10		nexperience-rated contracts:			• <u>(</u> =).,		,		
	a	Total premiums or subscription charges paid to c	carrier				10a	_	87866
	b	If the carrier, service, or other organization incurr					100	+	
		retention of the contract or policy, other than repe					10b		
	Sr	pecify nature of costs			-, · - p - · · ·				
	٦,	record fractions of coolers							
Pa	rt l'	V Provision of Information							
			nation :	nonceary to comple	to Schodula	۸2	Yes	X No	·
		d the insurance company fail to provide any inform			ile Scheaule	Α:	103	140	
12	If t	he answer to line 11 is "Yes," specify the informat	tion not	provided.					

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

2010

Pension Benefit Guaranty Co					m is Open to Public Inspection		
For calendar plan year 20°	10 or fiscal pla	in year beginning 01/01/2010	0	and er	nding 12	/31/2010	
A Name of plan MSC - MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN				B Three plan	e-digit number (Pl	N) •	501
C Plan sponsor's name a MSC GROUP, INC.	s shown on lir	ne 2a of Form 5500.		D Emplo 80-019		cation Number (EIN)
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca CIGNA GROUP INSURAL							
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
23-1503749	65498	964725	602		10/01/20	009	10/01/2010
2 Insurance fee and composite descending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents	, brokers, and o	ther persons in
(a) Total a	amount of com	nmissions paid 638		(b) To	tal amount	of fees paid	194
3 Pareone receiving com	missions and	fees. (Complete as many entrie		nercone)			194
J Fersons receiving com					iono or food	. wara naid	
BENEFITS TECHNOLOG		STE	of Cypress PLAZA DR 2 201 CKSONVILLE, FL 32256	III COIIIIIISS	ions of fees	s were paid	
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pai	d	(c) Amount	(d) Purpose				(e) Organization code
	638						3
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ions or fees	were paid	
(b) Amount of sales ar			ees and other commissio				(a) Ormanization as i
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) 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

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan ched	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma				
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	. 7c(4)			
		(5) Other (specify below)	. 7c(5)			
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same grinformation may be combined for reporting puthe entire group of such individual contracts we	oup of employees of the surposes if such contracts a	ire experier	nce-rated as a unit. V	Vhere contrac	
8	Ron	efit and contract type (check all applicable boxes)	cacii caiiici iiiay so si		a 101 pa.pooco o		
Ü	Г		h Dontal	•	7 Minim		d ☐ Life insurance
	а	Health (other than dental or vision)	b Dental	С	Vision		불
	е	Temporary disability (accident and sickness)	f Long-term disability	/ g	Supplemental une	mployment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify) AD&D					
	_	_					
9	Expe	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(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)	
	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 (or					
		(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)	<u>—</u>				
		(2) Claim reserves					
		(3) Other reserves				2 1/2)	
	е	Dividends or retroactive rate refunds due. (Do no					
10	No	nexperience-rated contracts:		. , ,			
	а	Total premiums or subscription charges paid to c	arrier			10a	4115
	b	If the carrier, service, or other organization incurr	ed any specific costs in co	nnection w	ith the acquisition or		
		retention of the contract or policy, other than repo	orted in Part I, item 2 abov	e, report ar	nount	10b	
	Sp	pecify nature of costs					
P	art l'	V Provision of Information					
					Ι 40	7 Voc	No No
11	Die	d the insurance company fail to provide any inform	ation necessary to comple	ete Schedu	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

2010

Pension Benefit Guaranty Co		pursuant	es are required to provide to ERISA section 103(a)	(2).			m is Open to Public Inspection
For calendar plan year 20	10 or fiscal pla	an year beginning 01/01/20	10	and er	nding 12	/31/2010	
A Name of plan MSC - MEDICAL SERVICE	CES COMPAN	NY HEALTH AND WELFARE F	PLAN		e-digit number (P	N) •	501
C Plan sponsor's name a MSC GROUP, INC.	ıs shown on liı	ne 2a of Form 5500.		D Emplo	-	cation Number (EIN)
		ning Insurance Contract. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance ca		RTH AMERICA					
	(a) NIAIC	(d) Contract or	(e) Approximate	number of		Policy or co	ontract year
(b) EIN	(c) NAIC code	identification number	persons covered policy or contra		(f)	From	(g) To
23-1503749	65498	FLX963065		602	10/01/20	009	10/01/2010
2 Insurance fee and communication descending order of the		nation. Enter the total fees and	total commissions paid.	List in item 3	the agents	, brokers, and c	other persons in
(a) Total a	amount of con	nmissions paid		(b) To	otal amount	of fees paid	
3 Pareone receiving com	missions and	9876 fees. (Complete as many entr		all persons)			1119
J 1 elsons receiving com		and address of the agent, brok			iono or food	wore poid	
BENEFITS TECHNOLOG		81 S1	10 CYPRESS PLAZA DI FE 201 ACKSONVILLE, FL 32250	R	ions or rees	s were palu	
(b) Amount of sales ar	nd hase		Fees and other commiss	ions paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	9878						3
	(a) Name	and address of the agent, brok	ker, or other person to wh	nom commiss	ions or fees	were paid	
(b) Amount of sales ar			Fees and other commiss				(2) Onnonication 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) 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) 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

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan che	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
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If more than one contract covers the same group of employees of the same employer(s) or members of the same employee of information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover	
the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	r individual employees,
8 Benefit and contract type (check all applicable boxes)	
	Life insurance
	Prescription drug
	ndemnity contract
m ☐ Other (specify) ▶	
9 Experience-rated contracts:	
a Premiums: (1) Amount received	
(2) Increase (decrease) in amount due but unpaid	
(3) Increase (decrease) in unearned premium reserve	
(4) Earned ((1) + (2) - (3))	
b Benefit charges (1) Claims paid	
(2) Increase (decrease) in claim reserves	
(3) Incurred claims (add (1) and (2))	
(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	
(C) Other specific acquisition costs	
(D) Other expenses	
(E) Taxes	
(F) Charges for risks or other contingencies	
(G) Other retention charges	
(H) Total retention	
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
(2) Claim reserves	
(3) Other reserves	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
10 Nonexperience-rated contracts:	80930
a Total premiums or subscription charges paid to carrier	00930
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	

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

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

2010

1 chain benefit dualanty oc	iporation	Insurance companies pursuant to	are required to provide to ERISA section 103(a)(2)		tion	This Fo	rm is Open to Public Inspection
For calendar plan year 20°	10 or fiscal pla	an year beginning 01/01/2010		and er	nding 12/31	/2010	
A Name of plan MSC - MEDICAL SERVIC	CES COMPAN	IY HEALTH AND WELFARE PLA	AN		e-digit number (PN)	•	501
C Plan sponsor's name a MSC GROUP, INC.	s shown on liı	ne 2a of Form 5500.		D Emplo	oyer Identification	on Number	(EIN)
		ning Insurance Contract . Individual contracts grouped as					
(a) Name of insurance ca LIFE INSURANCE GROU		H AMERICA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	t end of	(f) Fr		contract year (g) To
23-1503749	65498	962223	60		10/01/2009		10/01/2010
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	tal commissions paid. Li	st in item 3	the agents, br	okers, and	other persons in
		nmissions paid		(b) To	otal amount of f	ees paid	4044
		5423					1344
3 Persons receiving com		fees. (Complete as many entries and address of the agent, broker			ions or foos we	ro paid	
BENEFITS TECHNOLOG		8110 STE	CYPRESS PLAZA DR	ii commiss	ions of fees we	re paid	
(b) Amount of sales ar		Fe	es and other commission				
commissions pai	5423	(c) Amount		(d) Purpose	<u>e</u>		(e) Organization code
	5423						3
	(a) Name	and address of the agent, broker	or other person to who	n commiss	ions or fees we	ere paid	
	(a)		,				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pai	d	(c) Amount		(d) Purpose	e		(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) 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) 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

Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contracts	with each carrier may	be treated	d 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 e			5	
		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 corretention of the contract or policy, enter amount	nnection with th	ne acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan che	ck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
			ate participation	•		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
	_	(6)Total additions			7c(6)	
	ď	Total of balance and additions (add b and c(6))			7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(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)	
		Balance at the end of the current year (subtract e(5) from d)			7f	

Page	4
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information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where entire group of such individual contracts with each carrier may be treated as a unit for purposes of this the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this the entire group of the	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 report. Benefit and contract type (check all applicable boxes) a
a	a
e Temporary disability (accident and sickness) i Stop loss (large deductible) j HMO contract k PPO contract m Other (specify) Sexperience-rated contracts: a Premiums: (1) Amount received. (2) Increase (decrease) in amount due but unpaid. (3) Increase (decrease) in unearned premium reserve. (4) Earned ((1) + (2) - (3)) b Benefit charges (1) Claims paid. (2) Increase (decrease) in claim reserves. (3) Incurred claims (add (1) and (2)). (4) Claims charged. C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions. (B) Administrative service or other fees. (C) Other specific acquisition costs. (D) Other expenses. (E) Taxes. (E) Taxes. (C) Other specific acquisition costs. (E) Charges for risks or other contingencies 9c(1)(E) (F) Charges for risks or other contingencies 9c(1)(F) (G) Other retention charges. (H) Total retention. (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	e
e Temporary disability (accident and sickness) f Long-term disability g Supplemental unerr i Stop loss (large deductible) j HMO contract k PPO contract m Other (specify)	e
i Stop loss (large deductible) j HMO contract m Other (specify) 9 Experience-rated contracts: a Premiums: (1) Amount received	i
m ☐ Other (specify) ▶ 9 Experience-rated contracts: a Premiums: (1) Amount received	Experience-rated contracts: a Premiums: (1) Amount received
9 Experience-rated contracts: a Premiums: (1) Amount received	Experience-rated contracts: a Premiums: (1) Amount received
a Premiums: (1) Amount received	a Premiums: (1) Amount received
a Premiums: (1) Amount received	a Premiums: (1) Amount received
(2) Increase (decrease) in amount due but unpaid	(2) Increase (decrease) in amount due but unpaid
(3) Increase (decrease) in unearned premium reserve	(3) Increase (decrease) in unearned premium reserve
(4) Earned ((1) + (2) - (3)) b Benefit charges (1) Claims paid	(4) Earned ((1) + (2) - (3)) Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (E) Claim reserves (B) Set(1)(E) (C) Other reserves (C) Other reserves (C) Other reserves (C) Other retendon or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)
b Benefit charges (1) Claims paid	b Benefit charges (1) Claims paid
(2) Increase (decrease) in claim reserves	(2) Increase (decrease) in claim reserves
(3) Incurred claims (add (1) and (2)) (4) Claims charged	(3) Incurred claims (add (1) and (2)) (4) Claims charged
(4) Claims charged C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions	(4) Claims charged
C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions	C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions
(A) Commissions. (B) Administrative service or other fees. (C) Other specific acquisition costs. (D) Other expenses. (E) Taxes (F) Charges for risks or other contingencies. (G) Other retention charges. (D) Other retention charges. (E) Total retention. (C) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.). (D) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.). (D) Claim reserves. (E) Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).	(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)(F) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) (3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e D Nonexperience-rated contracts: 10a 63805 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
(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 (These amounts were paid in cash, or credited.) 9c(1)(G) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other retroactive rate refunds due. (Do not include amount entered in c(2).)	(B) Administrative service or other fees 9c(1)(B) 9c(1)(C) 9c(1)(C) 9c(1)(D) 9c(1)(D) 9c(1)(D) 9c(1)(E) 9c(1)(E
(C) Other specific acquisition costs	(C) Other specific acquisition costs
(D) Other expenses	(D) Other expenses
(E) Taxes	(E) Taxes
(F) Charges for risks or other contingencies	(F) Charges for risks or other contingencies 9c(1)(F) (G) Other retention charges 9c(1)(G) (H) Total retention 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) (3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).) 9e Nonexperience-rated contracts: 10a 63805 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
(G) Other retention charges	(G) Other retention charges
(H) Total retention	(H) Total retention
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement. (2) Claim reserves. (3) Other reserves. (3) Other reserves. (4) Pd(2) (5) Pd(3) Puividends or retroactive rate refunds due. (Do not include amount entered in c(2).) (5) Nonexperience-rated contracts: (6) Total premiums or subscription charges paid to carrier. (6) Total premiums or subscription charges paid to carrier 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. (7) Dividends or retroactive rate refunds. (8) Pd(1) (9) Pd(2) (9) Pd(3) (9) Pd(3) (10) Pd(1) (10) Pd
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement
(2) Claim reserves	(2) Claim reserves
(3) Other reserves e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	(3) Other reserves
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	Polividends or retroactive rate refunds due. (Do not include amount entered in c(2).) Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier
10 Nonexperience-rated contracts:	Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier
·	Total premiums or subscription charges paid to carrier
a Total premiums of 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
h If the corrier comics or other expenization incurred only enceific costs in connection with the cognization or	retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs	Specify nature of costs

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