Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HIGHLINE MEDICAL GROUP

16251 SYLVESTER RD. SW
BURIEN, WA 98166-3066

2b Employer Identification Number (EIN)
91-1407026

2c Sponsor's telephone number
206-439-4885

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	SHERRY COCHRAN
	Signature of plan administrator	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 sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

16251 SYLVESTER RD. SW
BURIEN, WA 98166-3066

3b Administrator's EIN
91-1407026

3c Administrator's telephone number
206-439-4885

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	425
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	235
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	128
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	363
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	363
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	453
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	3	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	54565	136	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 amount of commissions paid	**(b)** Total amount of fees paid
294	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
COOK, WILLIAM B
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
189			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILDES, JUDITH
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
41			3

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

PANDIANI, WILLIAM R
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
35			3

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

MARIA, MICHAEL A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	172277
5	Current value of plan's interest under this contract in separate accounts at year end	5	687045

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	162326
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5656		
	(4) Transferred from separate account	7c(4)	137475		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	143131
d	Total of balance and additions (add **b** and **c(6)**)			7d	305457
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	133173		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	7		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	133180
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	172277

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	PS44965	18	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 amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	43105
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	36375
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1618		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	9101		
	▶ ADJUSTMENT - 2009 ENDING VALUE				
	(6) Total additions			7c(6)	10719
d	Total of balance and additions (add **b** and **c(6)**)			7d	47094
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2870		
	(2) Administration charge made by carrier	7e(2)	215		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	904		
	▶ LOANS, FEES, ADJUSTMENTS				
	(5) Total deductions			7e(5)	3989
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	43105

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	54565	359	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 amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3054547
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3309094
c	Additions: (1) Contributions deposited during the year	7c(1)	465176		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	119708		
	(4) Transferred from separate account	7c(4)	113148		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	698032
d	Total of balance and additions (add **b** and **c(6)**)			7d	4007126
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	576277		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	375017		
	(4) Other (specify below)	7e(4)	1285		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			7e(5)	952579
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	3054547

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO.

74-1625348

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	122	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	18781	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	500	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN NATIONAL LIFE INSURANCE CO.

b Name of sponsor of entity listed in (a): HIGHLINE MEDICAL GROUP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0472300-005	P	166180

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	115822	114373
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	938940	838178
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9421780	11601028
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3507795	3269929
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13984337	15823508
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13984337	15823508

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	537356	
	(B) Participants	2a(1)(B)	887586	
	(C) Others (including rollovers)	2a(1)(C)	255540	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1680482
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3985	
	(F) Other	2b(1)(F)	126078	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		130063
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	240166	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		240166
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1392665
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3443376
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1581771	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1581771
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3037
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	19397	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19397
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1604205
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1839171
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: MOSS ADAMS LLP (2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
HIGHLINE MEDICAL GROUP 401K INVESTMENT AND SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HIGHLINE MEDICAL GROUP

D Employer Identification Number (EIN)
91-1407026

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 51-0396365 35-0472300

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Report of Independent Auditors
and Financial Statements
and Supplemental Schedule for

Highline Medical Group
401(k) Investment and Savings Plan

December 31, 2010 and 2009

MOSS-ADAMS LLP

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

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MOSS-ADAMS LLP

REPORT OF INDEPENDENT AUDITORS

To the Trustees
Highline Medical Group 401(k) Investment and Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Highline Medical Group 401(k) Investment and Savings Plan (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the Plan administrator by the custodians is complete and accurate.

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

Moss Adams LLP

Everett, Washington
October 11, 2011

Praxity
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
Investments, at fair value		
Mutual funds	$ 11,601,029	$ 9,421,780
Pooled separate accounts	838,178	938,940
Guaranteed interest accounts	3,269,928	3,507,795
Total investments at fair value	15,709,135	13,868,515
Notes receivable from participants	114,373	115,822
Receivables		
Employee	36,559	7,686
Employer	20,992	6,409
Total receivables	57,551	14,095
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,881,059	$ 13,998,432

See accompanying notes.

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Net appreciation in fair value of investments	
Mutual funds	$ 1,296,649
Pooled separate accounts	96,018
Guaranteed interest accounts	126,078
Interest and dividends	240,166
Total investment income	1,758,911
Interest income on notes receivable from participants	3,985
Contributions	
Employee	916,459
Rollover	255,540
Employer	551,938
Total contributions	1,723,937
Total additions	3,486,833
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	1,584,809
Administrative expenses	19,397
Total deductions	1,604,206
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,882,627
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	13,998,432
End of year	$ 15,881,059

See accompanying notes.

Note 1 - Description of the Plan

The following description of the Highline Medical Group 401(k) Investment and Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General - The Plan is a defined contribution plan that was established effective January 1, 1992, for the benefit of employees of Highline Medical Group (Plan Sponsor). All employees are eligible to participate in the Plan immediately upon employment, with Plan entry dates restricted to the beginning of each quarter.

Contributions - Participants may contribute to the Plan through voluntary deferrals of pre-tax earned compensation. Participants may also contribute to the Plan through voluntary Roth deferrals of after-tax earned compensation. Eligible employees may contribute from 1% to 100% of their compensation to the Plan, not to exceed annual limitations prescribed by the Internal Revenue Service (IRS).

Eligibility - Participants are eligible for matching contributions after reaching the age of 18 and service of at least 1,000 hours in the first 12 consecutive months of employment. The Plan Sponsor makes discretionary matching contributions of an amount equal to 100% of each participant's contribution up to a maximum 6% of eligible compensation.

Participant accounts - Participant contributions to the Plan are voluntary. Participants are allowed to direct the investment of all contributions into various investment options that offer a diversity of investment risk and return. Each participant's account is credited or debited with the following: any contributions made to the account, increases or decreases in the market value of investments, any loans and loan repayments, withdrawals, and administrative expenses from the account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocation provisions - Dividend income, interest income, and net realized and unrealized investment gain or loss of each fund is allocated to the accounts of each participant based on the participant's proportionate share of the various investment funds held in their investment account.

Vesting - Participants are immediately vested in their salary deferral contributions and all employer contributions, plus actual earnings thereon.

Payment of benefits - Upon termination of service, death, disability, or retirement, a participant may elect to either receive a distribution of their vested account balance or roll their funds into another qualified account. The distribution may be in the form of a lump-sum payment, installment payments, or an annuity. The Plan also provides for hardship withdrawals in accordance with provisions specified in the Plan document.

Note 1 - Description of the Plan (continued)

Notes receivable from participants - The Plan allows participants to borrow from their accounts using their employee deferral balance as collateral for the loans. The maximum amount that a participant may borrow is equal to the lesser of 50% of their entire vested account balance or $50,000. The minimum amount required to be borrowed is $1,000. Loan terms range from 1 to 5 years, unless the loan is used to acquire a principal residence, in which case the term is up to 10 years. The loans bear interest at a rate commensurate with local prevailing rates ranging from 3.00% to 9.25% at December 31, 2010, with maturities through 2013. Deemed distributions from loan foreclosures were $13,095 during the year ended December 31, 2010.

Administrative expenses - Several of the investment fund options are subject to investment and administrative fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance; thus, they are not separately disclosed in the accompanying financial statements. Participants are assessed separate fees for the administration of loans and repayments thereof, as well as investment advisory services, and such fees are separately disclosed in the financial statements. All other administrative expenses related to the Plan are paid by the Plan Sponsor.

Note 2 - Summary of Accounting Policies

Basis of accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Investment valuation and income recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 4).

Guaranteed interest accounts offer participants a guaranteed interest rate for a stated period. The rate credited is the rate in effect on the day when each deposit is directed to the guaranteed interest account. The crediting interest rate for the Variable Annuity Life Insurance Company's (VALIC) PD Fixed Account Plus Fund for the years ended December 31, 2010 and 2009, was approximately 2.89% and 2.95%, respectively. The crediting interest rates for VALIC's GFUA Fixed Interest Option for the years ended December 31, 2010 and 2009, was approximately 3.33% and 3.79%, respectively. The crediting interest rates for VALIC's PD Short-Term Fixed Account for the years ended December 31, 2010 and 2009, was approximately 3.00%. Certain assets held with Lincoln National Life Insurance Company (Lincoln) are subject to contracts that contain provisions for surrender charges in the event of withdrawal before contract expiry. All contracts have an expiration of 10 years from contract inception. For withdrawals that occur between contract inception and five years after contract inception, the surrender charge is calculated at 8% of the withdrawal of assets subject to the contract. For withdrawals that occur between 6 and 10 years after contract inception, the surrender charge is calculated at 4% of the withdrawal of assets subject to the contract. For contracts in existence as of December 31, 2010, the expiration dates range from 2010 to 2011.

Note 2 - Summary of Accounting Policies (continued)

Purchases and sales are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date.

Notes receivable from participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

Net appreciation in fair value of investments - Net appreciation in fair value of investments represents the change in fair value of assets from one period to the next and realized gains and losses on investments.

Payment of benefits - Benefits are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for Plan benefits and the statement of changes in net assets available for plan benefits.

Recent accounting pronouncements - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820—Improving Disclosures About Fair Value Measurements.* The new guidance requires additional disclosures about transfers between levels within the fair value hierarchy and clarifies existing disclosure requirements regarding classes of assets and liabilities measured at fair value. The new guidance requires the Plan to (a) disclose separately the amounts of significant transfers into and out of each level of the fair value hierarchy and describe the reasons for those transfers, (b) disclose the Plan's policy for determining when transfers between levels of the fair value hierarchy are recognized, and (c) present information about purchases, sales, issuances, and settlements on a gross basis in the reconciliation of the beginning and ending balance of Level 3 fair value measurements. The new guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 reconciliation disclosures, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted this guidance on January 1, 2010 (Note 4).

Note 2 - Summary of Accounting Policies (continued)

In September 2010, the FASB issued ASU 2010-25, *Plan Accounting—Defined Contribution Pension Plans,* which amends existing guidance by requiring participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments to the Accounting Standards Codification included in ASU 2010-25 are effective for fiscal years ending after December 15, 2010. The Plan has adopted this guidance effective December 31, 2010, and has reclassified participant loans of $114,373 and $115,822 for the years ended December 31, 2010 and 2009, respectively, from investments to notes receivable from participants.

Expenses - All expenses of maintaining the Plan are paid by the Plan.

Subsequent events - Subsequent events are events or transactions that occur after the balance sheet date but before financial statements are issued. The Plan Sponsor recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the balance sheet, including the estimates inherent in the process of preparing the financial statements. The Plan Sponsor's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the balance sheet but arose after the balance sheet date and before the financial statements are available to be issued. Note 10 provides disclosures of certain subsequent events that did not result in recognition in the financial statements.

The Plan has evaluated subsequent events through October 11, 2011, which is the date the financial statements are available to be issued.

Note 3 - Investments

Investments that represent 5% or more of total Plan assets are separately identified in the following table.

	2010	2009
VALIC Fixed-Interest Fund	$ 3,054,547	$ 3,309,094
DREYFUS S&P 500 INDEX	$ 950,568	$ 1,509,300
AMER FUNDS AMER BAL R4	$ 1,311,853	$ 976,367
AMER FUNDS CAPWRLDGL R4	$ 1,103,551	$ 829,746
DREYFUS INTL STOCK INDEX	$ 797,009	$ 759,179

Note 4 - Fair Value Measurements

The Plan classified its investments as of December 31, 2010 and 2009, based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Note 4 - Fair Value Measurements (continued)

The three levels of the fair value hierarchy are as described below:

Basis of fair value measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Mutual funds are valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end. These investments are classified within Level 1 of the valuation hierarchy.

Money market accounts - The money market account is a public investment vehicle valued using $1 for the NAV. The money market account is classified within Level 2 of the valuation hierarchy.

Pooled separate accounts - Pooled separate accounts are valued at their accumulation unit value (AUV) rate. The pooled separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is determined daily based on the NAV of shares of the underlying fund, the fund's dividends, and the contract's separate account charges. These investments are classified within Level 2 of the valuation hierarchy.

Guaranteed interest accounts - The Plan offers participants guaranteed interest accounts through VALIC and Lincoln that provide a guaranteed interest rate for a stated period. In accordance with generally accepted accounting principles, the investment in guaranteed interest accounts are stated at fair market value, which is determined based on contract value plus or minus an adjustment for the difference between current market interest rates and the actual interest rates on the accounts. Guaranteed interest accounts promise contract value for a benefit event (termination, death, disability, or retirement); however, there is a possible market value adjustment when funds are withdrawn prior to their maturity. At December 31, 2010, fair market value approximated contract value.

Note 4 - Fair Value Measurements (continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value (Levels 1, 2, and 3 are defined on the previous page):

	Investment Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Core value funds	$ 13,360	$ 9,564	$ -	$ 22,924
Growth funds	192,396	162,674	-	355,070
Bond funds	906,328	3,244	-	909,572
International funds	2,456,338	8,123	-	2,464,461
Global strategy funds	-	82,403	-	82,403
Science and technology funds	280,887	68,726	-	349,613
Equity funds	3,947,254	332,552	-	4,279,806
Large cap funds	950,568	34,434	-	985,002
Mid cap funds	1,519,535	18,645	-	1,538,180
Small cap funds	1,197,134	14,355	-	1,211,489
Money market funds	-	78,843	-	78,843
Real estate funds	161,844	-	-	161,844
Guaranteed interest accounts	-	3,269,928	-	3,269,928
	$ 11,625,644	$ 4,083,491	$ -	$ 15,709,135

	Investment Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Core value funds	$ 14,080	$ 8,561	$ -	$ 22,641
Growth funds	93,124	167,473	-	260,597
Bond funds	1,006,067	2,948	-	1,009,015
International funds	1,876,135	15,682	-	1,891,817
Global strategy funds	-	88,096	-	88,096
Science and technology funds	208,847	64,666	-	273,513
Equity funds	2,519,063	412,814	-	2,931,877
Large cap funds	1,509,300	34,725	-	1,544,025
Mid cap funds	1,287,992	25,163	-	1,313,155
Small cap funds	724,422	14,795	-	739,217
Money market funds	-	75,662	-	75,662
Real estate funds	211,105	-	-	211,105
Guaranteed interest accounts	-	3,507,795	-	3,507,795
	$ 9,450,135	$ 4,418,380	$ -	$ 13,868,515

Note 5 - Information Certified by the Custodians

The Plan's management has elected the method of compliance permitted by Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by qualified asset custodians need not be subjected to independent audits. The Plan's management has obtained certifications from the custodians, VALIC and Lincoln, that the following information provided by the custodians and included in the Plan's financial statements and supplemental schedules is complete and accurate:

	Investment Assets and Notes Receivable From Participants at Fair Value as of December 31		
	VALIC (Certified)	Lincoln (Certified)	Total
2010	$ 15,614,223	$ 209,285	$ 15,823,508
2009	$ 13,771,518	$ 212,819	$ 13,984,337

Investment and other income earned, including investment transactions and interest on notes receivable from participants, for the year ended December 31, 2010:

VALIC (Certified)	Lincoln (Certified)	Total
$ 1,749,488	$ 13,408	$ 1,762,896

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 7 - Federal Income Taxes

The Plan obtained its most recent determination letter dated November 20, 2002, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable IRS requirements. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7 - Federal Income Taxes (continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Parties-in-Interest

VALIC and Lincoln serve as the custodians and record keepers for the Plan. As a result, transactions involving these service providers qualify as party-in-interest transactions. Fees paid by the Plan for the year ended December 31, 2010, consisted of $18,897 paid to VALIC and $500 paid to Lincoln.

Note 9 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 as of December 31:

	2010	2009
Net assets available for benefits per the financial statements	$ 15,881,059	$ 13,998,432
Less current-year contributions receivable	(57,551)	(14,095)
Net assets available for benefits per the Form 5500	$ 15,823,508	$ 13,984,337

The following is a reconciliation of increase in net assets available for Plan benefits per the financial statements to Form 5500 for the year ended December 31, 2010:

Increase in net assets available for Plan benefits per the financial statements	$ 1,882,627
Plus prior-year contributions receivable	14,095
Less contributions receivable	(57,551)
Increase in net assets available for Plan benefits per the Form 5500	$ 1,839,171

Note 10 - Subsequent Events

Effective July 1, 2011, the Plan switched both record keeper and custodian functions from VALIC to Fidelity Management Trust Company.

SUPPLEMENTAL SCHEDULE REQUIRED BY
THE DEPARTMENT OF LABOR

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Mutual funds			
	American Century Investments	AM CENTURY STRAT ALLOC CONSR I	**	$ 288
	American Century Investments	AMCENT GOVT BD INV	**	261,634
	American Century Investments	AMCENT REAL ESTATE INV	**	51,049
	American Century Investments	AMER CEN EQUITY INCOME INST	**	202,049
	American Century Investments	AMER CEN STRAT ALLOC AGGR INST	**	3,702
	American Century Investments	AMER CEN STRAT ALLOC MOD INST	**	15,513
	American Century Investments	AMER FUNDS AMCAP R4	**	249,205
	American Century Investments	AMER FUNDS AMER BAL R4	**	1,311,853
	American Century Investments	AMER FUNDS AMER MUT R4	**	221,316
	American Century Investments	AMER FUNDS CAPWRLDGL R4	**	1,103,551
	American Century Investments	AMER FUNDS EUROPAC R4	**	537,434
	American Century Investments	AMERCENT CP PRES MM INV	**	23,259
	American Beacon	AM BEACON SM CAP VAL INST	**	373,735
	BlackRock	BLACKROCK HEALTHCRE INC A	**	35,820
	Davis Investments	DAVIS NY VENTURE Y	**	251,831
	Dreyfus Investments	DREYFUS BOND MKT IDX INV	**	51,450
	Dreyfus Investments	DREYFUS INTL STOCK INDEX	**	797,009
	Dreyfus Investments	DREYFUS MIDCAP INDEX	**	790,098
	Dreyfus Investments	DREYFUS S&P 500 INDEX	**	950,568
	Dreyfus Investments	DREYFUS SM CAP STK INDX	**	218,450
	Dreyfus Investments	DREYFUS TECH GR A	**	245,067
	Franklin Templeton Investments	FRANKLIN FLEX CAP GR A	**	35,144
	Franklin Templeton Investments	FRANKLIN GROWTH A	**	152,815
	Franklin Templeton Investments	FRANKLIN TEMP HIGH INCOME ADV	**	3,549
	Invesco	INVESCO REAL ESTATE INSTL	**	110,795
	JP Morgan	JP MORGAN DIVER MID CAP GR SEL	**	160,259
	JP Morgan	JP MORGAN MID CAP VAL I	**	569,178
	JP Morgan	JP MORGAN SCAP GROWTH FUND I	**	888
	JP Morgan	JP MORGAN SM CAP EQ SEL	**	191,841
	JP Morgan	JP MORGAN EQUITY IDX SELEC	**	671,242
	Oppenheimer Funds	OPPENHEIMER EQUITY A	**	36,210
	PIMCO	PIMCO HIGH-YIELD A	**	83,947
	PIMCO	PIMCO TOTAL RET INSTL	**	497,678
	Pioneer Investments	PIONEER Y	**	352,905
	The Royce Funds	ROYCE LOW-PRICED STOCK	**	398,524
	Vanguard	VANGUARD PRIME M MKT	**	4,764
	Vanguard	VANGUARD SMCP IDX	**	413,108
	Vanguard	VANGUARD TOTAL BD IDX	**	209,263
	Wells Fargo	WELLS FAR ADV SM/MID CP COR A	**	13,360
	Pooled separate accounts			
*	Variable Annuity Life Insurance Company	ARIEL APPRECIATION FUND	**	34,943
*	Variable Annuity Life Insurance Company	ARIEL FUND	**	8,066
*	Variable Annuity Life Insurance Company	ASSET ALLOCATION FUND	**	394
*	Variable Annuity Life Insurance Company	BLUE CHIP GROWTH FUND	**	350
*	Variable Annuity Life Insurance Company	CAPITAL APPRECIATION FUND	**	1,689
*	Variable Annuity Life Insurance Company	CORE EQUITY FUND	**	9,435
*	Variable Annuity Life Insurance Company	DIVIDEND VALUE	**	129
*	Variable Annuity Life Insurance Company	FOREIGN VALUE	**	420

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Pooled separate accounts (continued)			
*	Variable Annuity Life Insurance Company	GLOBAL EQUITY	**	4,997
*	Variable Annuity Life Insurance Company	GLOBAL REAL ESTATE FUND	**	680
*	Variable Annuity Life Insurance Company	GLOBAL SOCIAL AWARENESS FUND	**	28,786
*	Variable Annuity Life Insurance Company	GLOBAL STRATEGY	**	47,940
*	Variable Annuity Life Insurance Company	GROWTH & INCOME FUND	**	100
*	Variable Annuity Life Insurance Company	GROWTH FUND	**	114,213
*	Variable Annuity Life Insurance Company	HEALTH SCIENCES FUND	**	8,418
*	Variable Annuity Life Insurance Company	INTERNATIONAL EQUITIES FUND	**	1,515
*	Variable Annuity Life Insurance Company	INTERNATIONAL GROWTH I FUND	**	4,808
*	Variable Annuity Life Insurance Company	INTL SMALL CAP EQUITY	**	1,380
*	Variable Annuity Life Insurance Company	LARGE CAP CORE	**	116
*	Variable Annuity Life Insurance Company	LARGE CAP VALUE FUND	**	115
*	Variable Annuity Life Insurance Company	LARGE CAPITAL GROWTH	**	34,203
*	Variable Annuity Life Insurance Company	LOU HOLLAND GROWTH FUND	**	316
*	Variable Annuity Life Insurance Company	MID CAP GROWTH FUND	**	258
*	Variable Annuity Life Insurance Company	MID CAP INDEX FUND	**	9,752
*	Variable Annuity Life Insurance Company	MID CAP STRATEGIC GWTH	**	3,899
*	Variable Annuity Life Insurance Company	MID CAP VALUE FUND	**	192
*	Variable Annuity Life Insurance Company	MONEY MARKET I FUND	**	40,403
*	Variable Annuity Life Insurance Company	NASDAQ-100(R) INDEX FUND	**	16,123
*	Variable Annuity Life Insurance Company	SCIENCE & TECHNOLOGY FUND	**	60,308
*	Variable Annuity Life Insurance Company	SM CAP AGGRESSIVE GWTH	**	2,243
*	Variable Annuity Life Insurance Company	SMALL CAP FUND	**	3,832
*	Variable Annuity Life Insurance Company	SMALL CAP INDEX FUND	**	7,085
*	Variable Annuity Life Insurance Company	SMALL CAP SPECIAL VALUE FUND	**	172
*	Variable Annuity Life Insurance Company	SMALL CAP VALUE FUND	**	732
*	Variable Annuity Life Insurance Company	SMALL MID GROWTH FUND	**	291
*	Variable Annuity Life Insurance Company	SOCIALLY RESPONSIBLE FUND	**	1,992
*	Variable Annuity Life Insurance Company	STOCK INDEX FUND	**	97,335
*	Variable Annuity Life Insurance Company	STRATEGIC BOND FUND	**	3,244
*	Variable Annuity Life Insurance Company	VANGUARD LIFESTRATEGY CONSER	**	2,651
*	Variable Annuity Life Insurance Company	VANGUARD LONG-TERM TREASURY	**	1,552
*	Variable Annuity Life Insurance Company	VANGUARD LT INV-GRADE FUND	**	323
*	Variable Annuity Life Insurance Company	VANGUARD WELLINGTON FUND, INC.	**	64,548
*	Variable Annuity Life Insurance Company	VANGUARD WINDSOR II	**	52,728
*	Lincoln National Life Insurance Company	VIP VALUE FUND	**	584
*	Lincoln National Life Insurance Company	EQUITY 500 INDEX FUND	**	93
*	Lincoln National Life Insurance Company	FOUNDATION AGGRESSIVE ALLOCATION FUND	**	11,276
*	Lincoln National Life Insurance Company	FOUNDATION CONSERVATIVE ALLOCATION FUND	**	6,358
*	Lincoln National Life Insurance Company	BOND FUND	**	11,619
*	Lincoln National Life Insurance Company	GROWTH & INCOME FUND	**	47,695
*	Lincoln National Life Insurance Company	SOCIAL AWARENESS FUND	**	31,812
*	Lincoln National Life Insurance Company	JANUS CAPITAL APPRECIATION FUND	**	181
*	Lincoln National Life Insurance Company	MONDRIAN INTERNATIONAL FUND	**	18,344
*	Lincoln National Life Insurance Company	MONEY MARKET FUND	**	33,676
*	Lincoln National Life Insurance Company	T. ROWE PRICE STRUCTURED MID-CAP	**	4,542

HIGHLINE MEDICAL GROUP 401(k) INVESTMENT AND SAVINGS PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Guaranteed interest accounts			
*	Variable Annuity Life Insurance Company	Fixed Account Plus Fund	**	124,052
*	Variable Annuity Life Insurance Company	Short-Term Fixed Account	**	48,224
*	Variable Annuity Life Insurance Company	VALIC Fixed-Interest Fund	**	3,054,547
*	Lincoln National Life Insurance Company	Fixed Account	**	43,105
*	Participant Loans	3.00% to 9.25%	0	114,373
				$ 15,823,508

* Party-in-interest as defined by ERISA.

** Historical cost information omitted with respect to assets held for investment purposes on participant-directed individual account balances.

Form 5500

Attachment

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

Name of plan	Three-digit
HIGHLINE MEDICAL GROUP 401(K) INVESTMENT AND SAVINGS PLAN	ERISA plan number **001**
Name of plan sponsor as shown on line 2a of Form 5500	Employer Identification
HIGHLINE MEDICAL GROUP	Number **91-1407026**

Contract Number: **54565** Plan Number: **001**

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		124,052
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		48,224
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		34,943
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		8,066
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		394
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		350
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		1,689
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		9,435
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		129
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		420
	VALIC SEPARATE ACCOUNT A	GLOBAL EQUITY		4,997
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		680
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		28,786
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		47,940
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		100
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		114,213
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		8,418
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		1,515
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		4,808
	VALIC SEPARATE ACCOUNT A	INTL SMALL CAP EQUITY		1,380
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		116
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		115
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		34,203
	VALIC SEPARATE ACCOUNT A	LOU HOLLAND GROWTH FUND		316
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		259
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		9,753
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		3,899
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		192
	VALIC SEPARATE ACCOUNT A	MONEY MARKET I FUND		40,403
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		16,123
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		60,308
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		2,243
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		3,832
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		7,085
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		172
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		732
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		291
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		1,992
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		97,335
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		3,244
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		2,651
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		1,552
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		323
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		64,549
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		52,724
*	PARTICIPANT LOANS	3.00%		1,705

Form 5500

Attachment

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

Name of plan			Three-digit	
HIGHLINE MEDICAL GROUP 401(K) INVESTMENT AND SAVINGS PLAN			ERISA plan number	**001**
Name of plan sponsor as shown on line 2a of Form 5500			Employer Identification	
HIGHLINE MEDICAL GROUP			Number	**91-1407026**
Contract Number: **54565** Plan Number: **001**				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		3,054,547
	AM BEACON SMCAP VAL INST	MUTUAL FUND - AM BEACON SMCAP VAL INST		373,735
	AM CENTURY STRAT ALLOC CONSR I	MUTUAL FUND - AM CENTURY STRAT ALLOC CONSR I		288
	AMCENT GOVT BD INV	MUTUAL FUND - AMCENT GOVT BD INV		261,634
	AMCENT REAL ESTATE INV	MUTUAL FUND - AMCENT REAL ESTATE INV		51,049
	AMER CEN EQUITY INCOME INST	MUTUAL FUND - AMER CEN EQUITY INCOME INST		202,049
	AMER CEN STRAT ALLOC AGGR INST	MUTUAL FUND - AMER CEN STRAT ALLOC AGGR INST		3,702
	AMER CEN STRAT ALLOC MOD INST	MUTUAL FUND - AMER CEN STRAT ALLOC MOD INST		15,513
	AMER FUNDS AMCAP R4	MUTUAL FUND - AMER FUNDS AMCAP R4		249,205
	AMER FUNDS AMER BAL R4	MUTUAL FUND - AMER FUNDS AMER BAL R4		1,311,853
	AMER FUNDS AMER MUT R4	MUTUAL FUND - AMER FUNDS AMER MUT R4		221,316
	AMER FUNDS CAPWRLDGL R4	MUTUAL FUND - AMER FUNDS CAPWRLDGL R4		1,103,551
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		537,434
	AMERCENT CP PRES MM INV	MUTUAL FUND - AMERCENT CP PRES MM INV		23,259
	BLACKROCK HEALTHCRE INC A	MUTUAL FUND - BLACKROCK HEALTHCRE INC A		35,820
	DAVIS NY VENTURE Y	MUTUAL FUND - DAVIS NY VENTURE Y		251,831
	DREYFUS BOND MKT IDX INV	MUTUAL FUND - DREYFUS BOND MKT IDX INV		51,450
	DREYFUS INTL STOCK INDEX	MUTUAL FUND - DREYFUS INTL STOCK INDEX		797,009
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		790,098
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		950,568
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		218,450
	DREYFUS TECH GR A	MUTUAL FUND - DREYFUS TECH GR A		245,067
	FRANKLIN FLEX CAP GR A	MUTUAL FUND - FRANKLIN FLEX CAP GR A		35,144
	FRANKLIN GROWTH A	MUTUAL FUND - FRANKLIN GROWTH A		152,815
	FRANKLIN TEMP HIGH INCOME ADV	MUTUAL FUND - FRANKLIN TEMP HIGH INCOME ADV		3,549
	INVESCO REAL ESTATE INSTL	MUTUAL FUND - INVESCO REAL ESTATE INSTL		110,795
	JP MORGAN DIVER MID CAP GR SEL	MUTUAL FUND - JP MORGAN DIVER MID CAP GR SEL		160,259
	JP MORGAN MID CAP VAL I	MUTUAL FUND - JP MORGAN MID CAP VAL I		569,178
	JP MORGAN SCAP GROWTH FUND I	MUTUAL FUND - JP MORGAN SCAP GROWTH FUND I		888
	JP MORGAN SM CAP EQ SEL	MUTUAL FUND - JP MORGAN SM CAP EQ SEL		191,841
	JPMORGAN EQUITY IDX SELEC	MUTUAL FUND - JPMORGAN EQUITY IDX SELEC		671,242
	OPPENHEIMER EQUITY A	MUTUAL FUND - OPPENHEIMER EQUITY A		36,210
	PIMCO HIGH-YIELD A	MUTUAL FUND - PIMCO HIGH-YIELD A		83,947
	PIMCO TOTAL RET INSTL	MUTUAL FUND - PIMCO TOTAL RET INSTL		497,678
	PIONEER Y	MUTUAL FUND - PIONEER Y		352,905
	ROYCE LOW-PRICED STOCK	MUTUAL FUND - ROYCE LOW-PRICED STOCK		398,524
	VANGUARD PRIME M MKT	MUTUAL FUND - VANGUARD PRIME M MKT		4,764
	VANGUARD SMCP IDX	MUTUAL FUND - VANGUARD SMCP IDX		413,108
	VANGUARD TOTAL BD IDX	MUTUAL FUND - VANGUARD TOTAL BD IDX		209,263
	WELLS FAR ADV SM/MID CP COR A	MUTUAL FUND - WELLS FAR ADV SM/MID CP COR A		13,360
*	PARTICIPANT LOANS	(4.25% - 9.25%)		73,109

Form 5500

Attachment

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

Name of plan	Three-digit	
HIGHLINE MEDICAL GROUP 401(K) INVESTMENT AND SAVINGS PLAN	ERISA plan number	**001**
Name of plan sponsor as shown on line 2a of Form 5500	Employer Identification	
HIGHLINE MEDICAL GROUP	Number	**91-1407026**
Contract Number: **54565** Plan Number: **001**		

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	FIXED	LINCOLN - FIXED		43,105
	DELAWARE VIP VALUE	LINCOLN - DELAWARE VIP VALUE		584
	DWS EQUITY 500 INDEX VIP	LINCOLN - DWS EQUITY 500 INDEX VIP		93
	LVIP DEL FOUNDATION AGGRESSIVE ALLOC	LINCOLN - LVIP DEL FOUNDATION AGGRESSIVE ALLOC		11,276
	LVIP DEL FOUNDATION CONSERVATIVE ALLOC	LINCOLN - LVIP DEL FOUNDATION CONSERVATIVE ALLOC		6,358
	LVIP DELAWARE BOND	LINCOLN - LVIP DELAWARE BOND		11,619
	LVIP DELAWARE GROWTH & INCOME	LINCOLN - LVIP DELAWARE GROWTH & INCOME		47,695
	LVIP DELAWARE SOCIAL AWARENESS	LINCOLN - LVIP DELAWARE SOCIAL AWARENESS		31,812
	LVIP JANUS CAPITAL APPRECIATION	LINCOLN - LVIP JANUS CAPITAL APPRECIATION		181
	LVIP MONDRIAN INTERNATIONAL VALUE	LINCOLN - LVIP MONDRIAN INTERNATIONAL VALUE		18,344
	LVIP MONEY MARKET	LINCOLN - LVIP MONEY MARKET		33,676
	LVIP T. ROWE PRICE STRUCTURED	LINCOLN - LVIP T. ROWE PRICE STRUCTURED		4,542