

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HEALTH DECISIONS, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1996</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>HEALTH DECISIONS, INC.</u> <u>2510 MERIDIAN PARKWAY</u> <u>DURHAM, NC 27713</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-1637045</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>919-967-1111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541700</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-1637045</u>	2c Sponsor's telephone number <u>919-967-1111</u>	2d Business code (see instructions) <u>541700</u>	
2b Employer Identification Number (EIN) <u>56-1637045</u>					
2c Sponsor's telephone number <u>919-967-1111</u>					
2d Business code (see instructions) <u>541700</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2012	ALICIA PALADIN
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HEALTH DECISIONS, INC. 2510 MERIDIAN PARKWAY DURHAM, NC 27713	3b Administrator's EIN 56-1637045 3c Administrator's telephone number 919-967-1111
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	149
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	94
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	90
d Subtotal. Add lines 6a , 6b , and 6c	6d	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	175
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	26

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

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan HEALTH DECISIONS, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH DECISIONS, INC.	D Employer Identification Number (EIN) 56-1637045

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

95-1411037

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

44-6006315

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

13-3156715

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

52-1346931

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

HOTCHKIS AND WILEY

95-4871957

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

JANUS

43-1804048

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

NEUBERGER BERMAN

13-5521910

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

OAKMARK

04-3276558

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

OPPENHEIMER FUNDS

13-2527171

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

PIONEER INVESTMENTS

13-5657669

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

PRINCIPAL FUNDS

42-1520346

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

T. ROWE PRICE

52-2264646

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

PIMCO FUNDS

95-2632339

(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)

WELLS FARGO BANK, N.A.

94-1347393

(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?
21 49 50 52 62 64	SERVICE PROVIDER	9389	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINSKO-PRIVATE LEDGER

95-2834236

(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?
27 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	13262	Yes ☐ No ☒

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

WELLS FARGO ADVISORS, LLC

23-2384840

(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?
27 52	NONE	13144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MCMILLAN, PATE & COMPANY, LLP

56-1637045

(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?
10 50	NONE	12200	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
LINSCO-PRIVATE LEDGER	27 52	13262

(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.
WELLS FARGO BANK, N.A. 94-1347393	INVESTMENT ADVISORY

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	12/31/2011
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A Name of plan HEALTH DECISIONS, INC. 401(K) PLAN	B Three-digit plan number (PN)	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEALTH DECISIONS, INC.	D Employer Identification Number (EIN) 56-1637045
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MET MASTER TRUST 25053

b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 58-1428634-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 963960
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND G
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b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.
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c EIN-PN 56-6633539-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2299
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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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)
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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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>HEALTH DECISIONS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">001</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEALTH DECISIONS, INC.</u>	D Employer Identification Number (EIN) <u>56-1637045</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	944	171
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	22409	23695
(9) Value of interest in common/collective trusts.....	1c(9)	552997	966259
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3050424	2760161
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3626774	3750286

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3626774	3750286
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	140744	
(B) Participants	2a(1)(B)	495928	
(C) Others (including rollovers)	2a(1)(C)	6886	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		643558

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)	1043	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1043

(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)	43377	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43377

(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)		25862
(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)		-135803
c Other income.....	2c		1134
d Total income. Add all income amounts in column (b) and enter total.....	2d		579171

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	403391	
(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)		403391
f Corrective distributions (see instructions)	2f		11170
g Certain deemed distributions of participant loans (see instructions).....	2g		6365
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	34733	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34733
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		455659

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		123512
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCMILLAN PATE & COMPANY LLP

(2) EIN: 56-1945391

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HEALTH DECISIONS, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEALTH DECISIONS, INC.</u>	D Employer Identification Number (EIN) <u>56-1637045</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1354495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

McMILLAN, PATE & COMPANY, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

615 OBERLIN ROAD, SUITE 200

RALEIGH, NORTH CAROLINA 27605

J. MICAH PATE, III
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JAMES L. McMILLAN, JR.

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants Health Decisions 401(k) Plan

We were engaged to audit the statements of net assets available for plan benefits – modified cash basis of Health Decisions 401(k) Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for plan benefits – modified cash basis for the year ended December 31, 2011 and the supplemental schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 Wells Fargo Bank, N.A., trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McMillan, Pate & Company, L.L.P.

August 9, 2012

Health Decisions 401(k) Plan

Report on Audit of Financial Statements
for the year ended December 31, 2011

McMILLAN, PATE & COMPANY, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS
615 OBERLIN ROAD, SUITE 200
RALEIGH, NC 27605

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McMILLAN, PATE & COMPANY, L.L.P.

CERTIFIED PUBLIC ACCOUNTANTS

615 OBERLIN ROAD, SUITE 200

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JAMES L. McMILLAN, JR.

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants
Health Decisions 401(k) Plan

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McMillan, Pate & Company, L.L.P.

August 9, 2012

HEALTH DECISIONS 401(k) PLAN
Statements of Net Assets Available for Plan Benefits - Modified Cash Basis
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>Assets</u>		
Cash, non-interest bearing	\$ 171	\$ 944
Notes receivable from participants	23,695	22,409
Investments (at fair value):		
Guaranteed investment contract	1,013,658	569,054
Unitized mutual fund	251,328	343,122
Common collective trust fund	2,299	-
Mutual funds	<u>2,508,833</u>	<u>2,707,302</u>
 Net assets available for plan benefits at fair value	 3,799,984	 3,642,831
 Adjustment from fair value to contract value for fully benefit-responsive investment contract	 <u>(49,698)</u>	 <u>(16,057)</u>
 Net assets available for plan benefits	 \$ <u>3,750,286</u>	 \$ <u>3,626,774</u>

The accompanying notes are an integral
part of the financial statements.

HEALTH DECISIONS 401(k) PLAN
Statement of Changes in Net Assets Available for Plan Benefits - Modified Cash Basis
for the year ended December 31, 2011

Additions to net assets attributed to:

Contributions:

Employer contributions	\$ 140,744
Employee contributions:	
Elective deferrals	495,928
Rollovers	<u>6,886</u>
	<u>643,558</u>

Interest on notes receivable from participants	<u>1,043</u>
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Investment income:

Mutual fund dividends	43,377
Net realized gain on sale of mutual funds	16,028
Guaranteed investment contract adjustments	24,390
Net realized gain on sale of guaranteed investment contracts	1,434
Net appreciation in fair value of common collective trust fund	38
Other income	<u>1,134</u>

86,401

Total additions	<u>731,002</u>
-----------------	----------------

Deductions from net assets attributed to:

Net depreciation in fair value of mutual funds	151,831
Benefit payments	403,391
Deemed distributions of participant loans	6,365
Corrective distributions to participants	11,170
Administrative expenses	<u>34,733</u>

Total deductions	<u>607,490</u>
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Increase in net assets	123,512
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Net assets available for plan benefits at beginning of year	<u>3,626,774</u>
---	------------------

Net assets available for plan benefits at end of year	\$ <u>3,750,286</u>
---	---------------------

The accompanying notes are an integral
part of the financial statements.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

1. DESCRIPTION OF PLAN

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

- a. General - The Plan is a defined contribution plan established July 1, 1996. The Plan is designed to conform to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All employees of Health Decisions, Inc. (the "Company" and "Plan Sponsor") other than union employees, nonresident aliens, leased employees and fixed term employees who are 21 years of age and have completed thirty days of service are eligible to participate in the Plan.
- b. Contributions - Each year, participants may contribute up to 80% of their compensation, as defined by the Plan. Participants are automatically enrolled in the Plan at a 3% of compensation deferral rate unless they opt out or opt for a different deferral amount. In addition, participants may contribute after tax dollars known as Roth 401(k) deferrals. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In November 2011, Plan management elected to disallow Roth 401(k) contributions effective January 1, 2012. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. The Company makes a discretionary matching contribution equal to 50% of the first 5% of compensation that a participant contributes to the Plan. Participants direct the investment of all contributions made on their behalf into various investment options offered by the Plan. The Plan currently offers one guaranteed interest contract and various mutual funds/unitized mutual funds as investment options for participants. Contributions are subject to annual limits established by the Internal Revenue Service.
- c. Participant Accounts - Each participant's account is credited with (1) participant's contributions, (2) employer match contributions, and (3) allocations of (a) Plan earnings, (b) administrative expenses and (c) employer discretionary contribution. Allocations are based on participant's plan compensation or participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- d. Vesting - Participants are vested immediately in their contributions plus actual earnings thereon. Vesting of the Company's contribution portion of their accounts is based on the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than two	0%
2	20%
3	40%
4	60%
5	80%
Six or more	100%

Participants will automatically become 100% vested upon attainment of early retirement age (59 ½) or retirement due to disability or death.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

1. DESCRIPTION OF PLAN (Continued)

- e. Payment of Benefits - Upon termination of service due to death, disability, retirement, or any other reason or upon reaching early retirement age (59 ½), a participant or their beneficiary may receive a lump sum amount equal to the vested portion of the value of the funds credited to the participant's account. In addition, during active service, a participant can take hardship distributions if certain conditions are satisfied and a participant over the age of 59 ½ can take in-service distributions from their accounts in which they are fully vested. Upon taking a hardship distribution the participant will be voluntarily suspended from the Plan for six months.
- f. Notes Receivable from Participants – Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, whichever is less. Participants are limited to one loan at any given point of time. The loans are secured by the balance in the participant's account and bear interest at a reasonable interest rate as determined by the Plan Administrator at the time of issuance. As of December 31, 2011, the effective interest rate of notes receivable was 4.25%. The loans must be repaid within 5 years, unless the funds borrowed are used toward the purchase of a primary residence. Principal and interest is paid ratably through payroll deductions.
- g. Forfeited Accounts - Forfeitures of terminated participants' non-vested employer matching and profit sharing contributions can be used to pay Plan administrative expenses or reduce employer matching contributions. At December 31, 2011 and 2010 forfeited non-vested accounts totaled \$65,639 and \$63,912, respectively. In 2011, Plan administrative fees of \$12,200 were paid out of forfeited non-vested accounts. In addition, in 2011, the Plan restored prior years' improperly forfeited amounts totaling \$6,686 and funded employer contribution corrections totaling \$439.
- h. Administrative expenses – Administrative expenses of the Plan may be paid by the Plan Sponsor.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounting records of the Plan are maintained by the trustee on the modified cash basis. Under this basis, additions to the Plan assets are recognized when collected rather than when earned and deductions are recognized when paid rather than when incurred.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statement of net assets available for plan benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates

The preparation of financial statements in conformity with modified cash basis accounting requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein, and disclosure of contingent assets. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value. The fair value of mutual funds owned by the Plan is based on quoted prices of identical assets in an active market. The fair value of the unitized mutual fund owned by the Plan is based on the Plan's proportionate interest in the underlying assets of the unitized fund. The Plan's units of the unitized fund include dividends, capital gains, rebates and interest to the unitized fund as well as fees. The fair value of common collective trust fund owned by the Plan is based on the Plan's proportionate interest in the underlying assets of the common collective trust fund. The Plan's units of the common collective trust fund include dividends, capital gains, rebates and interest to the common collective trust fund as well as fees. The fair value of the guaranteed investment contract is based on a valuation model that combines the estimated fair value of the underlying assets and liabilities of the investment.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

3. PLAN ADMINISTRATIVE COMMITTEE INFORMATION

The plan administrative committee consists of Craig Hurt and Debbie Edmondson employees of the Company. They have designated the trustee, Wells Fargo Bank, N.A. to hold the Plan's invested assets and to execute investment transactions.

4. TRUSTEE AGREEMENT

The appointed trustee of the Plan's assets is Wells Fargo Bank, N.A. The trustee has been given the authority and power to purchase and sell securities and other investments at their discretion. The trustee agreement provides for benefit payments to be made from the Plan by the trustee upon the direction and request of the plan administrator.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

5. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedule:

	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ 171	\$ 944
Notes receivable from participants	23,695	22,409
Mutual funds	2,508,833	2,707,302
Unitized mutual fund	251,328	343,122
Common collective trust fund	2,299	-
Guaranteed investment contract*	963,960	552,997
Net investment income (loss)	(65,430)	N/A
Interest on notes receivable from participants	1,043	N/A

* Investments are certified at fair value except for the guaranteed investment contract fund which is certified at contract value.

6. INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31:

	<u>2011</u>	<u>2010</u>
MetLife Stable Value Fund GA Contract, 6,752 and 3,989 shares, respectively	\$ 963,960	\$ 552,997
Oppenheimer International Growth Fund Y, 20,394 and 21,569 shares, respectively	520,465	602,527
American Funds Growth Fund of America R5, 13,082 and 12,364 shares, respectively	375,185	375,747
Davis New York Venture Fund Y, 8,392 and 10,104 shares, respectively	275,432	350,514
PIMCO Investment Management Total Return Fund Inst, 13,198 and 18,767 units, respectively	251,328	343,122
Pioneer Cullen Value Fund Y, 13,439 and 12,279 shares, respectively	229,272	223,483
CRM Mid Cap Value Fund Inst, 7,420 shares	N/A	212,743

During 2011, the Plan's mutual funds, unitized mutual fund, common collective trust fund and guaranteed investment contract (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$109,941.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

7. FAIR VALUE MEASUREMENTS

The Plan follows FASB ASC 820, Fair Value Measurements, which defines fair value as the price that would be received from selling an asset in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance.

FASB ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The categorization of each investment type within the fair value hierarchy is based upon the lowest level of input that is significant to the fair value measurement. FASB ASC 820 establishes three levels of inputs that may be used to measure fair value: Level 1: Quoted prices in active markets for identical assets or liabilities at the measurement date; Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active market for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; or Level 3: Unobservable inputs that are supported by little or no market activity and that reflect the Plan's own assumptions about market participants and prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Fair Value Measurement at Reporting Date Using			
	Fair Value	Level 1	Level 2	Level 3
<u>December 31, 2011</u>				
Mutual funds:				
Balanced Fund	\$ 152,405	\$ 152,405	\$ -	\$ -
Bond Fund	50,811	50,811	-	-
International Fund	549,568	549,568	-	-
Large Cap Fund	879,891	879,891	-	-
Mid Cap Fund	286,245	286,245	-	-
Small Cap Fund	94,284	94,284	-	-
Target Fund	<u>495,629</u>	<u>495,629</u>	-	-
Total Mutual Funds	<u>2,508,833</u>	<u>2,508,833</u>	-	-
Unitized fund:				
Bond Fund	<u>251,328</u>	-	<u>251,328</u>	-
Common collective trust fund:				
Index Fund	<u>2,299</u>	-	<u>2,299</u>	-
Guaranteed investment contract:				
Stable Value Fund	<u>1,013,658</u>	-	-	<u>1,013,658</u>
Total assets	<u>\$ 3,776,118</u>	<u>\$ 2,508,833</u>	<u>\$ 253,627</u>	<u>\$ 1,013,658</u>

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

7. FAIR VALUE MEASUREMENTS (Continued)

	Fair Value Measurement at Reporting Date Using			
	Fair Value	Level 1	Level 2	Level 3
<u>December 31, 2010</u>				
Mutual funds:				
Balanced Fund	\$ 157,988	\$ 157,988	\$ -	\$ -
Bond Fund	7,370	7,370	-	-
International Fund	621,181	621,181	-	-
Large Cap Fund	949,746	949,746	-	-
Mid Cap Fund	356,727	356,727	-	-
Small Cap Fund	167,397	167,397	-	-
Target Fund	446,893	446,893	-	-
Total Mutual Funds	<u>2,707,302</u>	<u>2,707,302</u>	<u>-</u>	<u>-</u>
Unitized fund:				
Bond Fund	<u>343,122</u>	<u>-</u>	<u>343,122</u>	<u>-</u>
Guaranteed investment contract:				
Stable	<u>569,054</u>	<u>-</u>	<u>-</u>	<u>569,054</u>
Total assets	<u>\$ 3,619,478</u>	<u>\$ 2,707,302</u>	<u>\$ 343,122</u>	<u>\$ 569,054</u>

There have been no changes in valuation techniques and related inputs.

Summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2011:

	Guaranteed Investment Contract
Balance as of January 1, 2011	\$ 569,054
Net investment gain	25,824
Change in adjustment from fair value to contract value for fully-benefit responsive investment contracts	33,641
Purchases	489,835
Settlements	(104,696)
Balance as of December 31, 2011	<u>\$ 1,013,658</u>

8. INVESTMENT CONTRACT WITH INSURANCE COMPANY

During 2007, the Plan entered into a benefit-responsive investment contract with MetLife. In a MetLife managed guaranteed investment contract, the assets are invested in a MetLife separate account. MetLife will guarantee principal and accrued interest, based on the credited interest rates, for participant-initiated withdrawals as long as the contract remains active. As described in Note 2, because the investment contract is fully benefit-responsive, contract value is the relevant measurement attributable for that portion of the net assets available for benefits attributable to the guaranteed investment contract. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$1,013,658 and \$569,054, respectively. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

8. INVESTMENT CONTRACT WITH INSURANCE COMPANY (Continued)

Such interest rates are reviewed on a quarterly basis for resetting and have a minimum credited rate of 0%. MetLife will reset the rate by amortizing the difference between the market value of the portfolio and the guaranteed value over the weighted average duration of the Fund's investments. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfer to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan.

Average yields:	<u>2011</u>	<u>2010</u>
Based on actual earnings	6.90%	7.91%
Based on interest rate credited to participants	3.44%	3.66%

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events could include, but are not limited to the following (1) amendment to the Plan document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor other Plan Sponsor event (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption under the Employment Security Income Act of 1974. The Plan's administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

9. RELATED PARTY TRANSACTIONS

Certain Plan investments are held in an interest bearing account managed by Wells Fargo Bank, N.A., which is the trustee of the Plan's assets and therefore, these transactions qualify as party-in-interest transactions. During 2011, contract administration fees of \$9,389 and investment advisory fees of \$13,144 of were paid to Wells Fargo Bank, N.A. During 2011, \$12,200 was paid to McMillan, Pate & Company, L.L.P. for Plan audit and excise tax return preparation fees.

10. PLAN TERMINATION

Although the Company intends to continue the Plan, it reserves the right to amend or terminate the Plan at any time. In the event of Plan termination, participants will become 100% vested in their employer contributions.

11. TAX STATUS

The Plan follows the provisions of FASB ASC 740-10 *Accounting for Uncertainty in Income Taxes*. FASB ASC 740-10 prescribes a comprehensive model for how the Plan should measure, recognize, present, and disclose in its financial statements uncertain tax positions that the Plan has taken or expects to take on a tax return. The Plan is no longer subject to U.S. Department of Labor and Internal Revenue Service examinations for years before 2008.

HEALTH DECISIONS 401(k) PLAN
Notes to Financial Statements
December 31, 2011 and 2010

11. TAX STATUS (Continued)

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401 of the Internal Revenue Code (IRC). The Plan has not received a determination letter specific to the Plan itself; however, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements. The prototype plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel still believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

12. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

13. SUBSEQUENT EVENT

Subsequent to year end, the Plan Administrative Committee passed an amendment effective June 11, 2012 which automatically escalates employees' deferral percentages by one percent on the first day of the Plan year up to a maximum of 8%.

The Plan has evaluated events and transactions that occurred between December 31, 2011 and August 9, 2012 which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. Except as stated above, no events have occurred subsequent to year end meeting the above criteria.

HEALTH DECISIONS 401(k) PLAN
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2011
Employer Identification Number: 56-1637045, Plan Number: 001

(a)	(b)	(c)	(e)
	Identity of issue, borrower lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Contract/ Current Value
	MetLife	MetLife Stable Value Fund GA Contract, 6,752 shares	\$ 963,960
	Oppenheimer	Oppenheimer International Growth Fund Y, 20,394 shares	520,465
	American Funds	American Funds Growth Fund of America R5, 13,082 shares	375,185
	Davis	Davis New York Venture Fund Y, 8,392 shares	275,432
	Pioneer	Pioneer Cullen Value Y, 13,439 shares	229,272
	Oakmark	Oakmark Equity and Income Fund I, 5,634 shares	152,405
	American Century	American Century Vista Fund Inst, 9,128 shares	144,588
	CRM	CRM Mid Cap Value Fund Instl, 5,213 shares	137,979
	T. Rowe Price	T. Rowe Price Retirement 2040, 7,985 shares	131,515
	T. Rowe Price	T. Rowe Price Retirement 2050, 13,683 shares	125,884
	Neuberger Berman	Neuberger Berman Small Cap Growth Fund Inv, 3,960 shares	69,815
	T. Rowe Price	T. Rowe Price Retirement 2035, 5,336 shares	62,055
	Principal Funds	Principal Investors High Yield Fund A, 6,876 shares	50,811
	T. Rowe Price	T. Rowe Price Retirement 2030, 2,695 shares	44,310
	T. Rowe Price	T. Rowe Price Retirement Income, 3,186 shares	41,261
	T. Rowe Price	T. Rowe Price Retirement 2010, 2,741 shares	41,008
	American Funds	American Funds CAPWGI R5, 906 shares	29,103
	Janus Perkins	Perkins Small Cap Value T, 1,202 shares	24,469
	T. Rowe Price	T. Rowe Price Retirement 2045, 1,867 shares	20,541
	T. Rowe Price	T. Rowe Price Retirement 2025, 1,607 share	18,562
	T. Rowe Price	T. Rowe Price Retirement 2020, 601 shares	9,509
	T. Rowe Price	T. Rowe Price Mid-Cap Value, 173 shares	3,678
	T. Rowe Price	T. Rowe Price Retirement 2015, 85 shares	984
	Hotchkis And Wiley	Hotchkis & Wiley Diversified Value - I, 1 share	2
*	Wells Fargo Bank, N.A.	Non-Interest Bearing Cash	171
	PIMCO	Unitized fund: PIMCO Investment Management Total Return Fund Inst, 13,198 units	251,328
*	Wells Fargo Bank, N.A.	Common collective trust fund: Wells Fargo Equity Index Fund G, 170 units	2,299
*	Participant Loans	Interest rate of 4.25%	23,695
			\$ <u>3,750,286</u>

* Party-in-interest to the plan

Column (d), cost of investments, is not applicable as these are participant directed accounts.

HEALTH DECISIONS 401(k) PLAN
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2011
Employer Identification Number: 56-1637045, Plan Number: 001

(a)	(b)	(c)	(e)
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