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).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION
UNIVERSITY HEALTH ASSOCIATES

DEPARTMENT 8121
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506

DEPARTMENT 8121
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506

2b Employer Identification Number (EIN) 55-0492006

2c Sponsor's telephone number 304-598-4075

2d Business code (see instructions) 621112

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.	10/11/2012	CHRISTY CHRISTOPHER
	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")
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

DEPARTMENT 8121
MEDICAL CENTER DRIVE
MORGANTOWN, WV 26506

3b Administrator's EIN
55-0492006

3c Administrator's telephone number
304-598-4075

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**	1676
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**	920
b	Retired or separated participants receiving benefits	**6b**	15
c	Other retired or separated participants entitled to future benefits	**6c**	1172
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2107
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	2109
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2109
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	382
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:
2C 2G

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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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 COMPANY

(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	40614203	203	01/01/2011	12/31/2011

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

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	2886361
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	2448766
c	Additions: (1) Contributions deposited during the year	7c(1)	360131		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	89262		
	(4) Transferred from separate account	7c(4)	317787		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	767180
d	Total of balance and additions (add **b** and **c(6)**).			7d	3215946
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	327306		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	2278		
	▶				
	(5) Total deductions			7e(5)	329584
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	2886362

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 organizations(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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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 COMPANY

(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	40614	179	01/01/2011	12/31/2011

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
11055	

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
ERIK JENSEN
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TINA MILKOVICH
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
94			3

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

TIM MCDONALD
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
101			3

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

WAYNE WASHOWICH
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
32			3

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

MICHAEL HILLUKKA
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
47			3

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

JAMES ECKBRETH
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
693			3

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

DAMIAN LYONS
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
44			3

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

DALE MYERS
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
66			3

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

JOE MACALUSO
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
18			3

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

MATTHEW ROSE
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
55			3

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

MICHELLE JONES
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
79			3

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

JEFFREY MAJERSKY
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
297			3

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

GREG MEADOR
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
14			3

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

VALERIE VISCONTI
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4380			3

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

EARL WILKINS
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
90			3

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

MARK SEKERA
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
58			3

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

DAVID WEIR
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20			3

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

JOSEPH KLEINE-KRACHT II
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
17			3

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

JOHN SOIKA
2929 ALLEN PARKWAY
HOUSTON, TX 77109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
4938			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	4849426
5	Current value of plan's interest under this contract in separate accounts at year end	5	10299972

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	4829302
c	Additions: (1) Contributions deposited during the year	7c(1)	1746		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	173756		
	(4) Transferred from separate account	7c(4)	178411		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	353913
d	Total of balance and additions (add **b** and **c(6)**).			7d	5183215
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	331710		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	2079		
	▶				
	(5) Total deductions			7e(5)	333789
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	4849426

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 organizations(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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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
TIAA-CREF

(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
13-1624203	69345	101760	945	01/01/2011	12/31/2011

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

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	19782531
5	Current value of plan's interest under this contract in separate accounts at year end	5	32991363

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	18947438
c	Additions: (1) Contributions deposited during the year	7c(1)	673290		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	780723		
	(4) Transferred from separate account	7c(4)	1434005		
	(5) Other (specify below)	7c(5)	25527		
	▶				
	(6) Total additions			7c(6)	2913545
d	Total of balance and additions (add **b** and **c(6)**).			7d	21860983
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1391626		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	682681		
	(4) Other (specify below)	7e(4)	4145		
	▶				
	(5) Total deductions			7e(5)	2078452
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	19782531

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 organizations(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.**	**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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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

TIAA

13-1624203

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

VALIC

74-1625348

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

FIDELITY INVESTMENTS INSTIT OPER CO

04-2647786

(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

(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)

TIAA

13-1624203

(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?
	NONE	4146	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

VALIC

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?
59 49 60 19 65 33 66 29 64 63 52 99 28 26 72	NONE	7866	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

VRSCO

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?
60 63 64 19 26 61 49 99 52 33 29 59 72 28	NONE	18217	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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)

STRATEGIC ADVISORS

04-2654524

(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	ADVISORS	5458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

FIDELITY INVESTMENTS

04-2647786

(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?
64 65	RECORDKEEPER	300	Yes [ ] No [X]	Yes [ ] No [ ]		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 [ ]

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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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: TIAA REAL ESTATE

b Name of sponsor of entity listed in (a): TIAA-CREF

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)
13-1624203-004	P	4493196

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)

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

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
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25586	
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	15543626	14793168
(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)	115578253	115160922
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	26276936	27524295
(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	157424401	157478385
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	157424401	157478385

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)	11473814	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	97387	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11571201
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2644691	
(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)		
(F) Other	2b(1)(F)	549515	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3194206
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		393013
(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)		-5285192
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9873228
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9782701	
(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)		9782701
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	36543	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36543
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9819244
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		53984
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: ARNETTE & FOSTER, P.L.L.C. (2) EIN: 55-0486667

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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.

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

A Name of plan
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION

D Employer Identification Number (EIN)
55-0492006

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): 13-1624203 04-2647786

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** 204

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 (include any prior year accumulated funding deficiency not waived) **6a** 11473814

b Enter the amount contributed by the employer to the plan for this plan year **6b** 11473814

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** 0

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

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**

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): _____

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):

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

Financial Report

December 31, 2011

ARNETT & FOSTER
Certified Public Accountants, P.L.L.C.

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ARNETT & FOSTER
Certified Public Accountants, P.L.L.C.

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the
Plan Sponsor and Plan Administrator
West Virginia University Medical
Corporation Retirement Plan
Morgantown, West Virginia

We were engaged to audit the accompanying statements of net assets available for benefits on a modified cash basis of the West Virginia University Medical Corporation Retirement Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits on a modified cash basis for the years then ended, and the supplemental schedule of assets (held at end of year) (modified cash basis) 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 United States 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 the Variable Annuity Life Insurance Company (VALIC), Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF), and Fidelity Management Trust Company (FMTC), the custodians and 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 custodians and trustee hold the Plan's assets and execute transactions. The Plan Administrator has obtained certifications from the custodians and trustee, regarding the completeness and accuracy of the information summarized in Note 5, that was provided to the Plan Administrator by the custodians and trustee as of and for the years ended December 31, 2011 and 2010.

As described in Note 1, these financial statements and supplementary 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.

United States Department of Labor Rules and Regulations and the Plan's modified cash basis of accounting require plan investments to be valued at fair value as of the end of the Plan year. As described in Notes 1 and 5, Plan management did not have adequate information and procedures to properly value certain investments certified by the Plan's custodian as of December 31, 2010, and therefore these investments may not be presented in compliance with Department of Labor Rules and Regulations or in conformity with the Plan's modified cash basis of accounting. The effects on the 2010 financial statements of not applying adequate procedures to determine the fair value of these investments has not been determined.

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 supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 and 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

ARNETT & FOSTER, P.L.L.C.

Arnett + Foster, P.L.L.C.

Charleston, West Virginia
August 15, 2012

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS ON A MODIFIED CASH BASIS
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments at fair value:		
Mutual funds	**$ 115,160,923**	$115,578,253,
Insurance company pooled separate accounts	**14,793,168**	15,543,626
Insurance company general accounts	**7,741,764**	7,329,498
	137,695,855	138,451,377
Investments at contract value which approximates fair value:		
TIAA Traditional Non-Benefit Responsive Annuity Contract	**19,782,530**	18,947,438
Total Investments	**157,478,385**	157,398,815
Receivable from other qualified plan	**-**	25,586
Total Receivables	**-**	25,586
Total Assets	**157,478,385**	157,424,401
Adjustment of fair value to contract value for fully benefit-responsive investment contracts	**114,647**	97,247
NET ASSETS AVAILABLE FOR BENEFITS	**$ 157,593,032**	$ 157,521,648

See Notes to Financial Statements

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS ON A MODIFIED CASH BASIS
Years Ended December 31, 2011 and 2010

	2011	2010
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ -**	$ 14,552,558
Interest and dividends	**2,644,691**	2,003,947
	2,644,691	16,556,505
Contributions:		
Contributions - employer	**11,473,814**	11,388,535
Rollover contributions from employees	**97,387**	160,023
	11,571,201	11,548,558
Total additions	**14,215,892**	28,105,063
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	**4,325,265**	-
Benefits paid to participants	**9,782,701**	6,227,861
Administrative expenses	**36,542**	16,099
Total deductions	**14,144,508**	6,243,960
Net increase	**71,384**	21,861,103
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**157,521,648**	135,660,545
End of year	**$ 157,593,032**	$ 157,521,648

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan and Significant Accounting Policies

Description of Plan: The following brief description of the Plan provides only general information. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a noncontributory defined contribution retirement plan covering substantially all employees of West Virginia University Medical Corporation (the Plan Sponsor) who are employed in a regular capacity, not temporary or as a student assistant, and are scheduled to work at least 1,000 hours per year. Physicians employed under a benefits-eligible employment agreement are also covered. The Plan was established January 1, 1989, last restated effective January 1, 2002, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendments: Pursuant to a joint operating agreement executed by the Plan Sponsor and West Virginia University Hospitals, Inc. (WVUH), which provides for the joint utilization and seamless transference of resources and personnel between the Plan Sponsor and WVUH, the Plan was amended effective September 1, 2011, to grant vesting service to transferring participants entering the Plan for the years of services resulting from their previous employment with WVUH. Further, those participants leaving the employ of the Plan Sponsor for WVUH on or after December 25, 2011, will continue earning vesting service for the purposes of the Plan during that participant's uninterrupted employment with WVUH.

Contributions: Contributions are based upon a percentage of employees' standard annual compensation, which excludes bonuses and overtime pay. The Plan Sponsor contributes 10% of standard annual compensation up to the Social Security wage base and 15.7% on the portion of compensation exceeding such base. The Plan Sponsor remits contributions on behalf of Plan participants immediately following each biweekly payroll date and participants have the option of allocating those monies in any combination among the various funds offered by the Plan's custodians and trustee.

Rollover contribution: Employees are not required nor permitted to contribute to the Plan. However, they may contribute all or a part of a distribution received from another qualified retirement plan or an eligible individual retirement account to the Plan as a rollover contribution. Employees are always fully vested in amounts rolled over.

Participant accounts: Each participant's account is credited with its specified share of the Plan Sponsor's contribution and the Plan earnings attributable to the respective account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participant investment options: Each Plan participant has the right to direct all contributions and earnings of their account among alternative investment options provided under the Plan. Participants should refer to the most recent annual report and prospectus of each fund for information on risk factors, asset concentrations, investment objectives and other financial data. Participants may transfer funds between investment options at any time.

Vesting: Employees become fully vested upon completing three years of service with the Plan Sponsor. Exceptions to the years of service requirement occur if the participant reaches normal retirement age (65), becomes disabled, or dies, as each of these events triggers immediate vesting.

Payment of benefits: Upon retirement, death, disability or other termination of employment, as defined, participants or their spouses and/or beneficiaries may elect to receive either a lump sum amount equal to the value of the participant's account, or monthly installments or annuities over a specified period, as determined by provisions of the Plan. If their vested account balances are less than $1,000, the Plan Administrator may elect to distribute the account without consent. If their account balances are greater than $1,000, the participant can elect to remain in the Plan or may elect early withdrawal.

Forfeited accounts: Forfeitures of terminated participants' nonvested accounts are applied toward future employer contributions.

Significant Accounting Policies:

Significant New Accounting Pronouncements: In January 2010, the FASB issued Accounting Standards Update No. 2010-06, "*Improving Disclosures About Fair Value Measurements*." Effective for reporting periods beginning after December 15, 2010, the Plan is required to provide separate disclosures about purchases, sales, issuances and settlements relating to Level 3 investment measurements. As this update only relates to financial statement disclosures, it had no impact on the statement of net assets available for benefits on a modified cash basis or the statement of changes in net assets available for benefits on a modified cash basis.

In May of 2011, the Financial Accounting Standards Board (FASB) issued *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs.* ASU 2011-04 amends Accounting Standards Codification (ASC) Section 820 to provide for common fair value measurement and disclosure requirements for financial statements in accordance with accounting principles generally accepted in the United States of America as with those prepared under International Financial Reporting Standards. Consequently, the amendments of the ASU change the wording used to describe many of the requirements of accounting principles generally accepted in the United States of America for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB did not intend for the amendments in this ASU to result in a change in the application of the requirements in ASC Section 820. Though these financial statements are prepared in accordance with a modified cash basis of accounting, the Plan's investment assets are presented at fair value. Consequently, the fair value of the Plan's investment assets is measured as prescribed by the ASC. This ASU is effective on a prospective basis for fiscal years, beginning after December 15, 2011, with early adoption not permitted. The Plan's management does not expect the adoption of this ASU to have a material impact on the Statement of Net Assets Available for Benefits on a Modified Cash Basis and the Statement of Changes of Net Assets Available for Benefits on a Modified Cash Basis.

Use of estimates: The preparation of these financial statements 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. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

Basis of accounting: The accounting records of the Plan are maintained, and these financial statements are presented, on a modified cash basis of accounting, a practice permitted by the United States Department of Labor (DOL). Accordingly, with the exception of appreciation or depreciation in the fair value of investments, income and expense items are recognized only as cash is received or paid. Therefore, certain receivables, payables and accrued expenses and deferred expenses, which would be recognized under accounting principles generally accepted in the United States of America, and general practices within the employee benefit plan industry, and which may be material in amount, are not recognized in the accompanying financial statements. Accordingly, the accompanying financial statements are not intended to present net assets or changes in net assets in accordance with accounting principles generally accepted in the United States of America. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

Investments: The Variable Annuity Life Insurance Company (VALIC) and Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) are custodians under group annuity contracts for funds invested within them. Fidelity Management Trust Company (FMTC) is the custodian for the funds invested by Fidelity Investments and a trustee of the Plan.

Except for certain contracts described below, 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. See Note 6 for discussion of fair value measurements.

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

VALIC: In 1994, the Plan entered into an investment contract with VALIC. VALIC maintains the contributions in general and pooled separate accounts. The pooled separate accounts are recorded at each investment fund's unit value, which approximate fair value. The general accounts are credited with interest, as noted below, and earnings on the underlying investments and are charged for participant withdrawals and administrative expenses with the end result representing contract value.

As described above, because the general account investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

The general account investment contract is comprised of three fixed interest options. The Short-Term Fixed Account is credited with interest on a portfolio basis, whereby all deposits in the option receive the same crediting rate, regardless of initial date of deposit. The Fixed Account Plus account is credited with interest periodically, but not less than annually. VALIC declares a "current" interest rate at the beginning of each month applicable to contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for contributions received that month. VALIC intends to continue to credit interest at that same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions will earn interest at a new declared pool rate. This rate is established January 1 of each calendar year and guaranteed for that entire calendar year. The contractually guaranteed minimum interest rate is applicable for the lifetime of the contract. The VALIC fixed account options are supported by the VALIC general account and offer crediting interest rates specified in advance of participant investment. As of December 31, 2011 and 2010, those rates are as follows:

December 31, 2011

Fixed Account	Average Yield	Crediting Rate – New Deposits	Crediting Rate – Pool Deposits	Minimum Guaranteed Rate
PD Fixed Account Plus	2.51%	2.96%	2.50% (before 1/1/2009) 2.00% (after 1/1/2009)	3.00% (before 12/1/2003) 2.00% (after 12/1/2003)
PD Short-Term Fixed	3.00%	3.00%	N/A	3.00% (before 12/1/2003) 2.00% (after 12/1/2003)
IP Fixed Account Plus	4.50%	4.50%	N/A	4.50%
VP Fixed Account Plus	4.50%	4.50%	N/A	4.50%
Fixed-Interest Option	3.12%	3.25%	N/A	2.00%

December 31, 2010

Fixed Account	Average Yield	Crediting Rate – New Deposits	Crediting Rate – Pool Deposits	Minimum Guaranteed Rate
PD Fixed Account Plus	3.22%	3.19%	3.00% (before 1/1/2005) 3.60% (after 1/1/2005)	3.00% (before 12/1/2003) 2.00% (after 12/1/2003)
PD Short-Term Fixed	3.00%	3.00%	N/A	3.00% (before 12/1/2003) 2.00% (after 12/1/2003)
IP Fixed Account Plus	4.50%	4.50%	N/A	4.50%
VP Fixed Account Plus	4.50%	4.50%	N/A	4.50%
Fixed-Interest Option	3.49%	3.46%	N/A	2.00%

The PD Fixed Account Plus fair value is determined by projecting the cash flow assuming group contract minimum rates, according to stated time of guarantees. The rate of the deposit is only guaranteed through the deposit calendar year, with the remaining guarantee being the contract minimum. The Fixed-Interest Option fair value is determined by projecting the cash flow assuming group contract minimum rates, according to stated guarantees. The rate at the time of deposit is only guaranteed through the month of the deposit with the remaining guarantee being the contract minimum. The IP Fixed Account Plus and VP Fixed Account Plus fair values are determined by subtracting the surrender charges as of the valuation date from the contract value as of the valuation date. The IP Fixed Account Plus and VP Fixed Account Plus fair values are equal to the contract value because there were no surrender charges as of December 31, 2011 and 2010. The Short-Term Fixed Accounts' fair values are equal to the contract value because there were no surrender charges/restrictions on the assets invested in the Short-Term Fixed Accounts. The pooled separate accounts are recorded at each investment fund's unit value, which approximates fair value.

The Fixed-Interest Option is a group allocated fixed annuity featuring a highly competitive current interest rate. The rate is declared monthly with interest credited on a daily basis at an annual effective rate. The annuity currently credits interest under a portfolio interest crediting method in which all deposits receive the same return regardless of date of initial deposit.

TIAA: TIAA Traditional Annuity is a guaranteed fixed annuity offered through a contract with TIAA and is backed by TIAA's general account. TIAA Traditional contract is considered to be an unallocated insurance contract and is not fully benefit responsive due to certain withdrawal restrictions. The contract provides for guarantee of principal, a guaranteed minimum interest rate, and the potential for additional interest when declared by TIAA. The additional interest, if declared, is effective March 1 of each year and the rate is determined annually. The total interest crediting rate ranged from 3.35% to 4.00% for the Plan years ending December 31, 2011 and 2010.

The TIAA Traditional Annuity is reported at contract value, which approximates fair value. For the year ended December 31, 2010, plan management and the Plan's custodian did not perform any procedures to value the annuity contracts at fair value. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The crediting rate is supported by the investment performance of a large, diversified portfolio, is correlated with the highest quality debt security yields, and is adjusted for contract liquidity. The TIAA Traditional Annuity is fully and unconditionally guaranteed and backed by the claims-paying ability of TIAA.

The TIAA Real Estate Account is an investment in an insurance company pooled separate account and recorded at unit value as described in Note 6.

CREF: The CREF investments are investments in registered investment companies for which fair value is readily determinable. The CREF accounts are investment options in variable annuities held pursuant to the terms of the Plan. Contributions to variable annuities purchase units, the value of which is calculated daily. The changes in unit values reflect the gains, losses, dividends and interest received by the entire account. The unit value is determined by dividing the total value of the fund by the number of units invested in each respective fund.

FMTC: The FMTC investments in mutual funds are recorded at fair value, which is generally based upon published market quotes determined primarily by the last reported sales price on the last business day of the year.

The Plan does not require collateral to secure investments held by custodians and trustee.

Payment of benefits: Benefits are recorded when paid.

Subsequent events: The Plan has evaluated subsequent events through August 15, 2012, the date the financial statements were available to be issued.

Operating expenses: Expenses of maintaining the Plan may be paid by the Plan or Plan Sponsor.

Note 2. Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated July 7, 2007, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

Plan management evaluates tax positions taken by the plan to determine if any uncertain tax positions exist that compromise the Plan's tax exempt status that could result in tax obligations requiring recognition or disclosure in the Plan's financial statements. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

Note 3. 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. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 4. Forfeitures

As described in Note 1, forfeited amounts may be applied to reduce the employer's required contributions to individual participant accounts. The following summarizes activity within the forfeiture account for the years ended December 31, 2011 and 2010:

	2011	2010
Forfeiture account, beginning of year - cash basis	**$ 1,313,707**	$ 1,380,070
Add:		
Current year forfeitures	**415,173**	854,150
Earnings and other additions, net	**5,907**	5,434
Contributions paid from the forfeiture account to participant accounts	**(633,278)**	(925,947)
Forfeiture account, end of year - cash basis	**$ 1,101,509**	$ 1,313,707

Note 5. Information Certified and Provided by Custodians and Trustee

The following is a summary of the information as of December 31, 2011 and 2010 and for the years then ended included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians and trustee that information provided to the Plan Administrator by the custodians and trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule.

***Insurance annuity contracts*:** The TIAA Traditional annuity contract is reported at contract value, which approximates fair value.

Investments at December 31, 2011 and 2010 are as follows with investments that represent 5% or more of the Plan's net assets separately identified:

	2011	2010
CREF Stock Account	**$ 12,196,039**	$ 13,262,207
Other mutual funds, none in excess of 5% of net assets	**102,964,884**	102,316,046
Insurance company pooled separate accounts, none in excess of 5% of net assets	**14,793,168**	15,543,626
Insurance company general accounts, none in excess of 5% of net assets	**7,741,764**	7,329,498
TIAA Traditional Non-Benefit Responsive Annuity Contract	**19,782,530**	18,947,438
Total investments	**$ 157,478,385**	$157,398,815

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as determined by quoted market prices as follows:

	2011	2010
Net appreciation (depreciation) in mutual funds (fair value)	**$ (5,285,193)**	$ 12,133,373
Net appreciation in insurance company pooled separate accounts (fair value)	**393,013**	1,871,052
Net appreciation in TIAA Traditional Annuity Contract (fair value)	**566,915**	548,133
	$ (4,325,265)	$ 14,552,558

Interest and dividend income was $2,644,691 and $2,003,947 for the years ended December 31, 2011 and 2010, respectively.

Included in investments at December 31, 2011 and 2010, are forfeitures of $120,624 and $148,687, respectively, which were not certified by the Plan's custodians.

Note 6. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement 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. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Insurance company pooled separate account: Valued at the derived market value of underlying mutual funds, real estate holdings or other real estate related investments. Real estate holdings are valued principally utilizing external appraisals. Securities held are valued based on independent pricing sources.

Insurance company general accounts: Valued at fair value by projecting cash flows assuming group contract minimum rates according to stated guarantees.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

TIAA Traditional Annuity Contract: The TIAA Traditional Annuity Contract is valued at contract value, which equals cash contributions, plus interest credited to the Plan's contract, less any withdrawals. TIAA has determined that contract value approximates fair value.

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:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity				
Large Cap	$ 80,938,458	$ -	$ -	$ 80,938,458
Mid Cap	5,761,022	-	-	5,761,022
Small Cap	2,182,074	-	-	2,182,074
International				
Diversified Emergining Markets	1,509,310	-	-	1,509,310
Foreign	8,485,228	-	-	8,485,228
World	2,061,468	-	-	2,061,468
Bond				
Government Bond	869,634	-	-	869,634
Intermediate - Term	1,570,269	-	-	1,570,269
Long-Term Bond	5,004,648	-	-	5,004,648
Short-Term Bond	1,063,975	-	-	1,063,975
High-Yield Bond	886,330	-	-	886,330
Money Market	4,828,505	-	-	4,828,505
	115,160,923	-	-	115,160,923
Insurance company pooled separate accts				
Equity				
Large Cap	-	4,762,150	-	4,762,150
Mid Cap	-	2,492,701	-	2,492,701
Small Cap	-	1,030,325	-	1,030,325
International				
Foreign	-	328,830	-	328,830
World	-	207,802	-	207,802
Bond				
Government Bond	-	583,898	-	583,898
Intermediate - Term	-	117,688	-	117,688
Long-Term Bond	-	715,417	-	715,417
High-Yield Bond	-	30,749	-	30,749
Money Market	-	30,412	-	30,412
Other				
Real Estate Investment Trust	309,773	935,696	3,247,727	4,493,196
	309,773	11,235,668	3,247,727	14,793,168
Insurance company general accounts				
VALIC - Fixed interest accounts	-	-	7,741,764	7,741,764
	-	-	7,741,764	7,741,764
TIAA Traditional Annuity Contract	-	-	19,782,530	19,782,530
	-	-	19,782,530	19,782,530
	$ 115,470,696	$ 11,235,668	$ 30,772,021	$ 157,478,385

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity				
Large Cap	$ 79,753,767	$ -	$ -	$ 79,753,767
Mid Cap	6,233,041	-	-	6,233,041
Small Cap	2,088,541	-	-	2,088,541
International				
Diversified Emergining Markets	1,818,202	-	-	1,818,202
Foreign	10,789,140	-	-	10,789,140
World	2,286,744	-	-	2,286,744
Bond				
Government Bond	675,939	-	-	675,939
Intermediate - Term	1,253,316	-	-	1,253,316
Long-Term Bond	4,211,022	-	-	4,211,022
Short-Term Bond	1,001,470	-	-	1,001,470
High-Yield Bond	720,454	-	-	720,454
Money Market	4,746,617	-	-	4,746,617
	115,578,253	-	-	115,578,253
Insurance company pooled separate accts				
Equity				
Large Cap	-	5,350,390	-	5,350,390
Mid Cap	-	2,816,721	-	2,816,721
Small Cap	-	1,256,186	-	1,256,186
International				
Foreign	-	389,395	-	389,395
World	-	264,740	-	264,740
Bond				
Government Bond	-	600,783	-	600,783
Intermediate - Term	-	107,068	-	107,068
Long-Term Bond	-	799,129	-	799,129
High-Yield Bond	-	12,390	-	12,390
Money Market	-	23,607	-	23,607
Other				
Real Estate Investment Trust	180,313	872,542	2,870,362	3,923,217
	180,313	12,492,951	2,870,362	15,543,626
Insurance company general accounts				
VALIC - Fixed interest accounts	-	-	7,329,498	7,329,498
	-	-	7,329,498	7,329,498
TIAA Traditional Annuity Contract	-	-	18,947,438	18,947,438
	-	-	18,947,438	18,947,438
	$ 115,758,566	$ 12,492,951	$ 29,147,298	$ 157,398,815

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2011.

	Level 3 Assets December 31, 2011			
	Insurance Company Pooled Separate Accounts	Insurance Company General Accounts	TIAA Traditional	Total
Balance, beginning of year	$ 2,870,362	$ 7,329,498	$ 18,947,438	$ 29,147,298
Net appreciation (depreciation) of investment	367,621	263,018	780,723	1,411,362
Purchases	235,032	216,562	673,290	1,124,884
Sales	(225,288)	565,617	(618,921)	(278,592)
Settlements	-	(632,931)	-	(632,931)
Balance, end of year	$ 3,247,727	$ 7,741,764	$ 19,782,530	$ 30,772,021

Note 7. Party-In-Interest and Related Party Transactions

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. During 2011 and 2010, transactions with parties-in-interest primarily included administrative expenses related to invested assets, which are recorded against net asset values of each investment fund in accordance with the Plan's contract. Investment contracts and shares of registered investment companies owned by the Plan are issued or sponsored by parties considered to be a party-in-interest to the Plan.

All other Plan administrative expenses for the years ended December 31, 2011 and 2010 including fees incurred for professional services related to participant record keeping and the Plan audit were paid by the Plan Sponsor and not charged to the Plan. Additionally, certain administrative functions are performed by employees of the Plan Sponsor at no cost to the Plan.

Note 8. 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 investment securities 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 benefits on a modified cash basis.

Note 9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Form 5500:

	2011	2010
Net assets available for benefits per the financial statements	**$ 157,593,032**	$ 157,521,648
Adjustment of fair value to contract value for fully benefit-responsive investment contracts	**(114,647)**	(97,247)
Net assets available for benefits per the Form 5500	**$ 157,478,385**	$ 157,424,401

The following is a reconciliation of the net increase in net assets per the financial statements to the Form 5500 for 2011:

Net increase in net assets per the financial statements	$ 71,384
Adjustment of fair value to contract value for fully benefit-responsive investment contracts	(17,400)
Net increase in net assets per the Form 5500	$ 53,984

Note 10. Subsequent Events

The Plan was amended effective January 1, 2012 to modify the employer contributor and vesting schedule. Employer contributions will be based on the following table:

Years of Vesting Service	Contribution Rate
0 – 4 years	6%
5 – 9 years	7%
10 – 14 years	8%
15+ years	10%

Employees will be 100% vested in contributions upon completing of 2 years of vesting service.

On May 7, 2012 the Plan received an updated determination letter from the Internal Revenue Service that State the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC).

WEST VIRGINIA UNIVERSITY MEDICAL CORPORATION RETIREMENT PLAN
EIN: 55-0492006 Plan: 004
SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)
December 31, 2011

(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
	Mutual Funds	**Mutual Funds**		
*	Fidelity Investments	Fidelity Asset Manager 20%	**	$ 132,576
*	Fidelity Investments	Fidelity Asset Manager 50%	**	662,142
*	Fidelity Investments	Fidelity Asset Manager 60%	**	102,208
*	Fidelity Investments	Fidelity Asset Manager 70%	**	715,568
*	Fidelity Investments	Fidelity Asset Manager 85%	**	221,563
*	Fidelity Investments	Fidelity Balanced Fund	**	1,377,749
*	Fidelity Investments	Fidelity Blue Chip Growth	**	1,796,381
*	Fidelity Investments	Fidelity Blue Chip Value	**	38,223
*	Fidelity Investments	Fidelity Canada	**	85,906
*	Fidelity Investments	Fidelity Capital & Income Fund	**	634,127
*	Fidelity Investments	Fidelity Capital Appreciation Fund	**	495,910
*	Fidelity Investments	Fidelity Cash Reserve	**	1,874,435
*	Fidelity Investments	Fidelity China Region	**	122,910
*	Fidelity Investments	Fidelity Contrafund	**	3,647,182
*	Fidelity Investments	Fidelity Convertible Securities	**	2,609
*	Fidelity Investments	Fidelity Disciplined Equity Fund	**	238,910
*	Fidelity Investments	Fidelity Diversified International	**	845,569
*	Fidelity Investments	Fidelity Dividend Growth Fund	**	298,442
*	Fidelity Investments	Fidelity Emerging Europe, Middle East, and Africa	**	50,898
*	Fidelity Investments	Fidelity Emerging Asia	**	60,674
*	Fidelity Investments	Fidelity Emerging Markets	**	241,868
*	Fidelity Investments	Fidelity Equity Income	**	1,587,720
*	Fidelity Investments	Fidelity Equity Income II Fund	**	498,676
*	Fidelity Investments	Fidelity Europe Fund	**	40,197
*	Fidelity Investments	Fidelity Europe Capital Appreciation	**	90,352
*	Fidelity Investments	Fidelity Export & Multinational	**	128,119
*	Fidelity Investments	Fidelity Fifty	**	134,546
*	Fidelity Investments	Fidelity Floating Rate High Income	**	54,156
*	Fidelity Investments	Fidelity Focused High Income	**	19,671
*	Fidelity Investments	Fidelity Focused Stock	**	47,610
*	Fidelity Investments	Fidelity Four in One Index	**	87,227
*	Fidelity Investments	Fidelity Freedom 2000 Fund	**	119,043
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	150,069
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	804,620
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	2,018,546
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	5,236,466
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	2,560,971
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	2,831,741
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	2,339,168
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	2,816,387
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	996,478
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	698,289
*	Fidelity Investments	Fidelity Freedom Income	**	650,426
*	Fidelity Investments	Fidelity Fund	**	651,854
*	Fidelity Investments	Fidelity Global Commodity Stock	**	69,635
*	Fidelity Investments	Fidelity Global Balanced	**	14,558
*	Fidelity Investments	Fidelity Global Strategies	**	4,639
*	Fidelity Investments	Fidelity Ginnie Mae Fund	**	234,937
*	Fidelity Investments	Fidelity Government Money Market	**	26,111
*	Fidelity Investments	Fidelity Government Income	**	106,280
*	Fidelity Investments	Fidelity Growth and Income Fund	**	1,269,288

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(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
*	Fidelity Investments	Fidelity Growth Company	**	1,937,148
*	Fidelity Investments	Fidelity Growth Discovery	**	211,359
*	Fidelity Investments	Fidelity Growth Strategies	**	159,474
*	Fidelity Investments	Fidelity High Income Fund	**	65,647
*	Fidelity Investments	Fidelity Independence Fund	**	342,288
*	Fidelity Investments	Fidelity Inflation Protected Bond	**	253,469
*	Fidelity Investments	Fidelity Intermediate Bond Fund	**	454,896
*	Fidelity Investments	Fidelity International Capital Appreciation	**	109,561
*	Fidelity Investments	Fidelity International Discovery	**	475,424
*	Fidelity Investments	Fidelity International Enhanced Index	**	4,948
*	Fidelity Investments	Fidelity International Growth	**	82,565
*	Fidelity Investments	Fidelity International Real Estate	**	51,626
*	Fidelity Investments	Fidelity International Small Cap Opp	**	65,507
*	Fidelity Investments	Fidelity International Small Cap	**	119,197
*	Fidelity Investments	Fidelity International Value	**	32,692
*	Fidelity Investments	Fidelity Intermediate Government Income	**	224,994
*	Fidelity Investments	Fidelity Investment Grade Bond	**	746,856
*	Fidelity Investments	Fidelity Japan Fund	**	1,076
*	Fidelity Investments	Fidelity Japan Smaller Company Fund	**	3,384
*	Fidelity Investments	Fidelity Large Cap Growth	**	16,029
*	Fidelity Investments	Fidelity Large Cap Stock	**	31,676
*	Fidelity Investments	Fidelity Latin America	**	284,881
*	Fidelity Investments	Fidelity LC Growth Enh Index	**	1,600
*	Fidelity Investments	Fidelity LC Value Enh Index	**	80,054
*	Fidelity Investments	Fidelity Leveraged Co Stock	**	275,318
*	Fidelity Investments	Fidelity Low Priced Stock	**	685,010
*	Fidelity Investments	Fidelity Magellan	**	3,989,554
*	Fidelity Investments	Fidelity Mega Cap Stock	**	109,175
*	Fidelity Investments	Fidelity Mid Cap Enhanced Index	**	71,845
*	Fidelity Investments	Fidelity Mid Cap Growth	**	33,221
*	Fidelity Investments	Fidelity Mid Cap Stock	**	314,503
*	Fidelity Investments	Fidelity Mid Cap Value	**	82,162
*	Fidelity Investments	Fidelity Money Market	**	244,236
*	Fidelity Investments	Fidelity Mortgage Securities Fund	**	137,912
*	Fidelity Investments	Fidelity Nasdaq Comp Index	**	25,471
*	Fidelity Investments	Fidelity New Markets Inc	**	167,076
*	Fidelity Investments	Fidelity New Millenium	**	355,371
*	Fidelity Investments	Fidelity OTC Portfolio	**	805,468
*	Fidelity Investments	Fidelity Overseas Fund	**	490,455
*	Fidelity Investments	Fidelity Pacific Basin	**	152,007
*	Fidelity Investments	Fidelity Puritan Fund	**	1,927,884
*	Fidelity Investments	Fidelity Real Estate Income	**	99,091
*	Fidelity Investments	Fidelity Real Estate Investment Portfolio	**	249,679
*	Fidelity Investments	Fidelity Retirement Government Money Market	**	538,360
*	Fidelity Investments	Fidelity Retirement Money Market	**	2,103,166
*	Fidelity Investments	Fidelity Select Automotive	**	1,639
*	Fidelity Investments	Fidelity Select Banking	**	65
*	Fidelity Investments	Fidelity Select Biotechnology Portfolio	**	89,272
*	Fidelity Investments	Fidelity Select Brokerage	**	9,278
*	Fidelity Investments	Fidelity Select Chemicals	**	27,491
*	Fidelity Investments	Fidelity Select Communications Equipment	**	80,280
*	Fidelity Investments	Fidelity Select Computer Portfolio	**	34,158
*	Fidelity Investments	Fidelity Select Consumer Discretionary	**	326
*	Fidelity Investments	Fidelity Select Consumer Finance	**	1,834
*	Fidelity Investments	Fidelity Select Consumer Staples	**	57,142
*	Fidelity Investments	Fidelity Select Construction & Housing	**	4,648
*	Fidelity Investments	Fidelity Select Defense Portfolio	**	215,030
*	Fidelity Investments	Fidelity Select Electronics Portfolio	**	31,469
*	Fidelity Investments	Fidelity Select Energy	**	319,724
*	Fidelity Investments	Fidelity Select Energy Services Portfolio	**	107,681
*	Fidelity Investments	Fidelity Select Environment Alt Energy	**	25,089

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*	Fidelity Investments	Fidelity Select Financial	**	54
*	Fidelity Investments	Fidelity Select Gold	**	1,413,487
*	Fidelity Investments	Fidelity Select Healthcare Portfolio	**	148,222
*	Fidelity Investments	Fidelity Select Industrial Equipment	**	760
*	Fidelity Investments	Fidelity Select Industrials	**	766
*	Fidelity Investments	Fidelity Select Insurance	**	2,534
*	Fidelity Investments	Fidelity Select IT Services	**	42,838
*	Fidelity Investments	Fidelity Select Leisure	**	8,855
*	Fidelity Investments	Fidelity Select Materials	**	64,525
*	Fidelity Investments	Fidelity Select Medical Equipment & Systems Portfolio	**	149,664
*	Fidelity Investments	Fidelity Select Medical Delivery	**	120,807
*	Fidelity Investments	Fidelity Select Money Market	**	504,869
*	Fidelity Investments	Fidelity Select Multimedia	**	1,402
*	Fidelity Investments	Fidelity Select Natural Gas	**	23,307
*	Fidelity Investments	Fidelity Select Natural Resources	**	188,224
*	Fidelity Investments	Fidelity Select Pharmaceutical Portfolio	**	114,418
*	Fidelity Investments	Fidelity Select Retailing	**	74
*	Fidelity Investments	Fidelity Select Software	**	25,081
*	Fidelity Investments	Fidelity Select Technology Portfolio	**	237,058
*	Fidelity Investments	Fidelity Select Telecommunications Portfolio	**	12,605
*	Fidelity Investments	Fidelity Select Wireless	**	4,984
*	Fidelity Investments	Fidelity Short-Term Bond Fund	**	215,820
*	Fidelity Investments	Fidelity Small Cap Discovery	**	94,675
*	Fidelity Investments	Fidelity Small Cap Enhanced Index	**	96,313
*	Fidelity Investments	Fidelity Small Cap Growth	**	22,918
*	Fidelity Investments	Fidelity Small Cap Stock Fund	**	183,315
*	Fidelity Investments	Fidelity Small Cap Value	**	118,121
*	Fidelity Investments	Fidelity Spartan 500 Index	**	1,328,167
*	Fidelity Investments	Fidelity Spartan International Index Fund	**	264,530
*	Fidelity Investments	Fidelity Spartan Extended Market Index Fund	**	139,890
*	Fidelity Investments	Fidelity Spartan International Trade Index Fund	**	14,338
*	Fidelity Investments	Fidelity Spartan Long Term Trade Index Investment	**	14,730
*	Fidelity Investments	Fidelity Spartan Short Term Trade Index Investment	**	103,824
*	Fidelity Investments	Fidelity Spartan Total Market Index	**	165,160
*	Fidelity Investments	Fidelity Stock Selector Small Cap	**	191,492
*	Fidelity Investments	Fidelity Stock Selector Lg Cap Value	**	101,902
*	Fidelity Investments	Fidelity Strategic Dividend & Income	**	272,504
*	Fidelity Investments	Fidelity Strategic Income	**	480,672
*	Fidelity Investments	Fidelity Strategic Real Return	**	20,173
*	Fidelity Investments	Fidelity Telecommunications & Utilities	**	85,294
*	Fidelity Investments	Fidelity Total Bond	**	703,620
*	Fidelity Investments	Fidelity Total International Equity	**	146,975
*	Fidelity Investments	Fidelity Trend Fund	**	62,771
*	Fidelity Investments	Fidelity UltraShort Bond	**	4,391
*	Fidelity Investments	Fidelity US Bond Index	**	511,685
*	Fidelity Investments	Fidelity US Government Reserve	**	234,558
*	Fidelity Investments	Fidelity US Treasury Money Market	**	92,531
*	Fidelity Investments	Fidelity Value Fund	**	595,147
*	Fidelity Investments	Fidelity Value Discovery	**	38,924
*	Fidelity Investments	Fidelity Value Strategies	**	33,211
*	Fidelity Investments	Fidelity Worldwide Fund	**	44,608
*	Variable Annuity Life Insurance Company	VALIC American Century Inflation Adjusted Bond Inv	**	228,257
*	Variable Annuity Life Insurance Company	VALIC American Century Real Estate Inv	**	9,962

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*	Variable Annuity Life Insurance Company	VALIC American Century Inflation Adjusted Bond Inv	**	228,257
*	Variable Annuity Life Insurance Company	VALIC American Century Real Estate Inv	**	9,962
*	Variable Annuity Life Insurance Company	VALIC American Funds American Balanced R4	**	753,215
*	Variable Annuity Life Insurance Company	VALIC American Funds American High Income R4	**	17,319
*	Variable Annuity Life Insurance Company	VALIC American Funds Capital World Global R4	**	197,089
*	Variable Annuity Life Insurance Company	VALIC American Funds EuroPacific Growth R4	**	548,099
*	Variable Annuity Life Insurance Company	VALIC American Funds Growth Fund R4	**	757,575
*	Variable Annuity Life Insurance Company	VALIC American Century Cap Pres Money Market Investment	**	38,684
*	Variable Annuity Life Insurance Company	VALIC American Beacon Large Cap Value Inv	**	591,927
*	Variable Annuity Life Insurance Company	VALIC Columbia Small Cap Value II Z	**	335,357
*	Variable Annuity Life Insurance Company	VALIC Davis NY Venture A	**	43,398
*	Variable Annuity Life Insurance Company	VALIC Dreyfus Bond Market Index Investment	**	411,753
*	Variable Annuity Life Insurance Company	VALIC Dreyfus International Stock Index	**	472,111
*	Variable Annuity Life Insurance Company	VALIC Dreyfus Midcap Index	**	952,713
*	Variable Annuity Life Insurance Company	VALIC Dreyfus S&P 500 Index	**	1,456,942
*	Variable Annuity Life Insurance Company	VALIC Dreyfus Small Cap Stock Index	**	661,318
*	Variable Annuity Life Insurance Company	VALIC JP Morgan Diversified Mid Cap Growth Sel	**	182,182
*	Variable Annuity Life Insurance Company	VALIC LeggMason Clrbridg Small Cap Growth A	**	128,981
*	Variable Annuity Life Insurance Company	VALIC Neubergber Real Estate Trust	**	134,104
*	Variable Annuity Life Insurance Company	VALIC Pimco Total Retirement A	**	967,628
*	Variable Annuity Life Insurance Company	VALIC T. Rowe Price Fund 2020 Advance	**	64,219
*	Variable Annuity Life Insurance Company	VALIC T. Rowe Price Retirement Fund 2030 Advance	**	38,420
*	Variable Annuity Life Insurance Company	VALIC T. Rowe Price Retirement Fund 2040 Advance	**	66,565
*	Variable Annuity Life Insurance Company	VALIC T. Rowe Price Retirement 2010 Advance	**	22,606
*	Variable Annuity Life Insurance Company	VALIC T. Rowe Price Retirement Income Advance	**	6,649
*	Variable Annuity Life Insurance Company	VALIC Victory Established Value R	**	325,746
*	College Retirement Equities Fund	CREF Stock	**	12,196,038
*	College Retirement Equities Fund	CREF Money Market Account	**	3,124,084
*	College Retirement Equities Fund	CREF Social Choice Account	**	1,438,030
*	College Retirement Equities Fund	CREF Bond Market Account	**	3,022,834
*	College Retirement Equities Fund	CREF Global Equities Account	**	1,730,939
*	College Retirement Equities Fund	CREF Growth Account	**	3,024,822
*	College Retirement Equities Fund	CREF Equity Index Account	**	1,994,335
*	College Retirement Equities Fund	CREF Inflation-Linked Bond Account	**	1,967,084
*	College Retirement Equities Fund	CREF Growth and Income	**	587,143
*	College Retirement Equities Fund	CREF International Equity Fund	**	836,933
*	College Retirement Equities Fund	CREF Large-Cap Value Fund	**	594,855
*	College Retirement Equities Fund	CREF Mid-Cap Growth Fund	**	377,702
*	College Retirement Equities Fund	CREF Mid-Cap Value Fund	**	860,612
*	College Retirement Equities Fund	CREF Real Estate Securities Fund	**	156,744
*	College Retirement Equities Fund	CREF Small-Cap Equity Fund	**	467,705
*	College Retirement Equities Fund	CREF Social Choice Equity Fund	**	342,003
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2010	**	702,054
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2015	**	504,474
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2020	**	218,448
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2025	**	250,065
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2030	**	172,988
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2035	**	619,962
*	College Retirement Equities Fund	CREF Institutional Lifecycle Fund 2040	**	1,195,987
*	College Retirement Equities Fund	CREF S&P 500 Index Fund	**	363,399
				115,160,923

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*	**Insurance Company pooled separate account**			
*	Variable Annuity Life Insurance Company	VALIC Aggressive Growth Lifestyle	**	10,850
*	Variable Annuity Life Insurance Company	VALIC Ariel Appreciation Fund	**	137,153
*	Variable Annuity Life Insurance Company	VALIC Ariel Fund	**	155,566
*	Variable Annuity Life Insurance Company	VALIC Asset Allocation Fund	**	114,965
*	Variable Annuity Life Insurance Company	VALIC Blue Chip Growth Fund	**	137,658
*	Variable Annuity Life Insurance Company	VALIC Broad Cap Value Inc	**	13,671
*	Variable Annuity Life Insurance Company	VALIC Capital Conservation Fund	**	11,269
*	Variable Annuity Life Insurance Company	VALIC Core Bond Fund	**	106,419
*	Variable Annuity Life Insurance Company	VALIC Core Equity Fund	**	386,018
*	Variable Annuity Life Insurance Company	VALIC Dividend Value	**	177,906
*	Variable Annuity Life Insurance Company	VALIC Emerging Economies	**	13,183
*	Variable Annuity Life Insurance Company	VALIC Foreign Value	**	294,314
*	Variable Annuity Life Insurance Company	VALIC Global Real Estate Fund	**	17,864
*	Variable Annuity Life Insurance Company	VALIC Global Social Awareness Fund	**	84,758
*	Variable Annuity Life Insurance Company	VALIC Global Strategy	**	105,180
*	Variable Annuity Life Insurance Company	VALIC Government Securities Fund	**	51,726
*	Variable Annuity Life Insurance Company	VALIC Growth & Income Fund	**	63,107
*	Variable Annuity Life Insurance Company	VALIC Growth Fund	**	872,074
*	Variable Annuity Life Insurance Company	VALIC Health Sciences Fund	**	71,452
*	Variable Annuity Life Insurance Company	VALIC High Yield Bond Fund	**	30,749
*	Variable Annuity Life Insurance Company	VALIC Inflation Protected Fund	**	127,812
*	Variable Annuity Life Insurance Company	VALIC International Equities Fund	**	75,175
*	Variable Annuity Life Insurance Company	VALIC International Government Bond	**	3,246
*	Variable Annuity Life Insurance Company	VALIC International Growth Fund	**	215,548
*	Variable Annuity Life Insurance Company	VALIC International Small Cap Equity	**	34,861
*	Variable Annuity Life Insurance Company	VALIC Large Cap Core	**	27,200
*	Variable Annuity Life Insurance Company	VALIC Large Cap Value Fund	**	36,282
*	Variable Annuity Life Insurance Company	VALIC Large Capital Growth	**	215,380
*	Variable Annuity Life Insurance Company	VALIC Mid Cap Growth Fund	**	39,825
*	Variable Annuity Life Insurance Company	VALIC Mid Cap Index Fund	**	638,347
*	Variable Annuity Life Insurance Company	VALIC Mid Cap Strategic Growth	**	345,827
*	Variable Annuity Life Insurance Company	VALIC Mid Cap Value Fund	**	196,175
*	Variable Annuity Life Insurance Company	VALIC Money Market I Fund	**	25,237
*	Variable Annuity Life Insurance Company	VALIC Money Market II Fund	**	5,175
*	Variable Annuity Life Insurance Company	VALIC Nasdaq-100(R) Index Fund	**	50,796
*	Variable Annuity Life Insurance Company	VALIC Science & Technology Fund	**	686,235
*	Variable Annuity Life Insurance Company	VALIC Small Cap Aggressive Growth Fund	**	2,179
*	Variable Annuity Life Insurance Company	VALIC Small Cap Fund	**	288,402
*	Variable Annuity Life Insurance Company	VALIC Small Cap Growth Fund	**	95,345
*	Variable Annuity Life Insurance Company	VALIC Small Cap Index Fund	**	310,437
*	Variable Annuity Life Insurance Company	VALIC Small Cap Special Value	**	248,617
*	Variable Annuity Life Insurance Company	VALIC Small Cap Value Fund	**	46,001
*	Variable Annuity Life Insurance Company	VALIC Small Mid Growth Fund	**	39,344
*	Variable Annuity Life Insurance Company	VALIC Socially Responsible Fund	**	55,731
*	Variable Annuity Life Insurance Company	VALIC Stock Index Fund	**	1,037,880
*	Variable Annuity Life Insurance Company	VALIC Strategic Bond Fund	**	266,074
*	Variable Annuity Life Insurance Company	VALIC Value Fund	**	10,623
*	Variable Annuity Life Insurance Company	VALIC Vanguard LifeStrategy Growth	**	5,330
*	Variable Annuity Life Insurance Company	VALIC Vanguard Long-Term Treasury	**	341,253
*	Variable Annuity Life Insurance Company	VALIC Vanguard LT Inv-Grade Fund	**	449,343
*	Variable Annuity Life Insurance Company	VALIC Vanguard Wellington Fund, Inc.	**	821,538
*	Variable Annuity Life Insurance Company	VALIC Vanguard Windsor II	**	702,872
*	Teachers Insurance and Annuity Association	TIAA Real Estate Account	**	4,493,196
				14,793,168

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		TIAA Traditional			
*		Teachers Insurance and Annuity Association	TIAA Traditional Non Benefit Responsive	**	19,782,530
		Insurance Company general account			
*		Variable Annuity Life Insurance Company	VALIC Fixed Interest Option	**	2,771,714
*		Variable Annuity Life Insurance Company	VALIC Fixed Account Plus	**	4,754,926
*		Variable Annuity Life Insurance Company	VALIC Short Term Fixed Account	**	215,124
					7,741,764
			Total		$157,478,385

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Schedule H, Line 4i

The Schedule of Assets is detailed in the attached auditor's report on pages 15-20.