

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
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/2004</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>LAKE HOSPITAL SYSTEM INC.</u> <u>LAKE HEALTH</u> <u>7590 AUBURN ROAD</u> <u>CONCORD TOWNSHIP, OH 44077</u>		
	2b Employer Identification Number (EIN)	<u>34-1425870</u>	
	2c Sponsor's telephone number	<u>440-354-1134</u>	
	2d Business code (see instructions)	<u>622000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	CRAIG J GHIDOTTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	CRAIG J GHIDOTTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LAKE HOSPITAL SYSTEM INC. 7590 AUBURN ROAD CONCORD TOWNSHIP, OH 44077	3b Administrator's EIN 34-1425870 3c Administrator's telephone number 440-354-1134
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3673
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	3078
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	846
d Subtotal. Add lines 6a , 6b , and 6c	6d	3924
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	9
f Total. Add lines 6d and 6e	6f	3933
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3021
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	111

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

2F 2G 2L 2T

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **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
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKE HOSPITAL SYSTEM INC.	D Employer Identification Number (EIN) 34-1425870	

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.
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1 Coverage Information:

(a) Name of insurance carrier
 AMERICAN UNITED 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
35-0145825	60895	G74645	3021	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
199085	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
 LINSICO PRIVATE LEDGER CORP
 ATTN COMMISSIONS
 9785 TOWNE CENTRE DRIVE
 SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
199085	0	N/A	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	

(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	23386242
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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. Specify nature of costs ▶	6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	21918537
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c Additions: (1) Contributions deposited during the year	7c(1)	1028525	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	885938	
(4) Transferred from separate account	7c(4)	1895708	
(5) Other (specify below)	7c(5)	170437	

▶ **LOAN REPAYMENT**

(6) Total additions	7c(6)	3980608
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d Total of balance and additions (add b and c(6))	7d	25899145
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1854281	
(2) Administration charge made by carrier	7e(2)	10747	
(3) Transferred to separate account	7e(3)	436264	
(4) Other (specify below)	7e(4)	211611	

▶ **LOANS ISSUED**

(5) Total deductions	7e(5)	2512903
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f Balance at the end of the current year (subtract e(5) from d)	7f	23386242
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

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

A Name of plan <u>LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKE HOSPITAL SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>34-1425870</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-3538489

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

20-2036524

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

52-6228948

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

04-2270522

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

GOLDMAN SACHS ASSET MANAGEMENT

13-4166989

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

RUSSELL INVESTMENT COMPANY

91-1175092

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

STATE STREET INSTITUTIONAL TRUST

04-2456637

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

T ROWE PRICE

52-1184650

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

THE VANGUARD GROUP INC

23-1945930

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

THORNBURG INVESTMENT MANAGEMENT

85-0301299

(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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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?
37 50 15 64 52 59 60 63 66 67	SERVICE PROVIDER	25992	Yes ☒ No ☐	Yes ☐ No ☒	142832	Yes ☒ No ☐

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

MCGLADREY LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	67 66	142832
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN UNITED LIFE INSURANCE CO 35-0145825 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ASSET CHARGE		
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO (b) Service Codes (see instructions) 59 63 60 52 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation ALLIANZ GLOBAL INVESTORS 13-3538489 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
(a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO (b) Service Codes (see instructions) 59 63 60 52 (c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN CENTURY INVESTMENTS 20-2036524 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(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.	
CALVERT INVESTMENTS 52-6228948	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(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.	
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(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.	
GOLDMAN SACHS ASSET MANAGEMENT 13-4166989	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(d) Enter name and EIN (address) of source of indirect compensation RUSSELL INVESTMENT COMPANY 91-1175092 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(d) Enter name and EIN (address) of source of indirect compensation STATE STREET INSTITUTIONAL TRUST 04-2456637 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(d) Enter name and EIN (address) of source of indirect compensation T ROWE PRICE 52-1184650 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	59 63 60 52	0
(d) Enter name and EIN (address) of source of indirect compensation THORNBURG INVESTMENT MANAGEMENT 85-0301299	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED	
(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 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
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKE HOSPITAL SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>34-1425870</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1921316	977729
(2) Participant contributions	1b(2)	189692	190633
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2906118	3490499
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	73811451	75637134
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	21918536	23386242
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	100747113	103682237

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	100747113	103682237
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2737764	
(B) Participants	2a(1)(B)	5274154	
(C) Others (including rollovers)	2a(1)(C)	46997	
(2) Noncash contributions	2a(2)	0	8058915
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	885938	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	145071	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1031009
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1467304
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		7622620

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4667749	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4667749
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	19747	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4687496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2935124
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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.).....	☒	☐	28231
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☐	☒	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
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.	☐	☐	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKE HOSPITAL SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>34-1425870</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-0145825</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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): _____

Lake Hospital System, Inc.

403(b) Retirement Savings Plan

Financial Report
December 31, 2011

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Independent Auditor's Report

To the Plan Administrator
Lake Hospital System, Inc. 403(b) Retirement Savings Plan
Cleveland, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the Lake Hospital System, Inc. 403(b) Retirement Savings Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedules of assets (held at end of year) as of December 31, 2011 and delinquent participant contributions for the year ended December 31, 2011. These financial statements and supplemental schedules 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 3, which was certified and provided by American United Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's assets and executes transactions. The plan administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the plan administrator by the custodian as of December 31, 2011 and 2010, and for the year ended December 31, 2011.

Certain annuity or custodial accounts may have been issued to current or former employees without the plan administrator's knowledge prior to January 1, 2009, therefore the Plan has not maintained accounting records and supporting documents relating to these accounts. Accordingly, we were unable to apply auditing procedures sufficiently to determine the extent to which the financial statements may have been affected by these conditions.

Further, as described in Note 9, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009, as permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions, if any, related to such potential accounts have also been excluded from the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions, if any, are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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 schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements, but are 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 schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

McGladrey LLP

Cleveland, Ohio
October 10, 2012

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

**Statements of Net Assets Available for Benefits
December 31, 2011 and 2010**

	2011	2010
Assets		
Investments, at fair value		
Pooled separate accounts	\$ 75,637,134	\$ 73,811,451
Unallocated insurance contract	23,386,242	21,918,536
Total investments	99,023,376	95,729,987
Receivables		
Notes receivable from participants	3,490,499	2,906,118
Employer contributions	977,729	1,921,316
Participant contributions	190,633	189,692
Total receivables	4,658,861	5,017,126
Net assets available for benefits	\$ 103,682,237	\$ 100,747,113

See Notes to Financial Statements.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011**

Additions	
Contributions	
Employer	\$ 2,737,764
Participant	5,274,154
Rollovers	46,997
Total contributions	8,058,915
Investment Income (Loss)	
Net (depreciation) in fair value of investments	(1,467,304)
Interest	885,938
Total investment income (loss)	(581,366)
Interest income on notes receivable from participants	145,071
Total additions	7,622,620
Deductions	
Benefits paid to participants	4,667,749
Administrative expenses	19,747
Total deductions	4,687,496
Net increase	2,935,124
Net assets available for benefits	
Beginning	100,747,113
Ending	\$ 103,682,237

See Notes to Financial Statements.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 1. Description of Plan

The following description of the Lake Hospital System, Inc. 403(b) Retirement Savings Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a participant-directed, defined contribution plan covering substantially all employees of Lake Hospital System, Inc. (d.b.a. Lake Health) (the Company). Employees become participants in the elective deferral portion of the Plan on his or her first day of employment with the Company. Employees who have completed one year of service are eligible for the Company's discretionary matching and nonelective contributions. One year of service is defined as having 1,000 hours within a twelve-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions: Each year, participants may contribute up to the maximum percentage of pretax annual compensation, as defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the plan. Participants who attained age 50 before the end of the Plan year were eligible to contribute additional catch-up contributions. The Company may contribute, at its discretion, a matching contribution equal to a uniform percentage of the amount of a participant's salary reduction which percentage will be determined each year by the Company. Additional amounts may be contributed at the discretion of the Company's board of directors. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100 percent vested after six years of credited service, as defined by the Plan. Employees hired prior to January 1, 2004, who became participants, are 100 percent vested after two years of credited service, as defined by the Plan.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through bi-weekly payroll deductions.

Forfeited accounts: Forfeitures are used first to pay reasonable Plan expenses then to reduce future employer contributions. At December 31, 2011 and 2010, there were approximately \$11,200 and \$57,300 of unallocated forfeited accounts, respectively. For the year ended December 31, 2011, approximately \$51,500 of forfeitures was used to pay Plan expenses or reduce employee contributions.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Payment of benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual installments over a ten-year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The plan administrator may distribute to participants up to 100% of their account balances in the event of a hardship if participants satisfy certain requirements that demonstrate immediate and heavy financial need.

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: 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 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, if any, are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as, held during the year.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

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 statements of net assets available for benefits.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Expenses of the Plan are paid by the Company or the Plan, at the discretion of the Company.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Recently issued accounting pronouncements: In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Subsequent events: Plan management has evaluated subsequent events for potential recognition and/or disclosure through October 10, 2012, the date the financial statements were available to be issued.

Note 3. Information Certified and Provided by American United Life Insurance Company

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010 and for the year ended December 31, 2011, included throughout the Plan's financial statements and supplemental schedules that was prepared by or derived from information provided by the custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that information provided to the plan administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 which appears throughout the financial statements and supplemental schedules related to the following assets. Assets that exceed 5% of the Plan's net assets have been separately identified.

Investments, at fair value	2011	2010
Pooled separate accounts		
T. Rowe Price Growth Stock Fund	\$ 10,828,465	\$ 10,706,735
Calvert Income Fund	8,144,830	7,477,789
State Street Equity 500 Index Fund	6,554,689	6,418,177
Russell Lifepoints Moderate Strategy Fund	6,059,533	6,347,821
T. Rowe Price Equity-Income Fund	5,428,247	5,209,175
Thornburg International Value Fund	4,846,357	5,597,344
Other pooled separate accounts	33,775,013	32,054,410
	<u>\$ 75,637,134</u>	<u>\$ 73,811,451</u>
Unallocated insurance contract		
AUL Fixed Account	<u>\$ 23,386,242</u>	<u>\$ 21,918,536</u>
Notes receivable from participants	<u>\$ 3,490,499</u>	<u>\$ 2,906,118</u>

American United Life Insurance Company also certified to the completeness and accuracy of \$1,467,304 of net depreciation in the fair value of investments related to pooled separate accounts, \$885,938 of interest income on the unallocated insurance contract, and \$145,071 of interest related to notes receivable from participants for the year ended December 31, 2011.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

Accounting guidance established 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 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.

Pooled separate accounts: Valued at the total of the net asset value of shares of mutual funds and cash held by the account at year-end. The Plan's interest in the pooled separate accounts are valued based on the information reported by the investment advisor.

Unallocated insurance contract: Valued at the total principal invested plus interest earned (see Note 5).

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.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value at December 31:

	2011			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Large-Cap Stock Value, Blend and Growth	\$ -	\$ 22,811,401	\$ -	\$ 22,811,401
Mid-Cap Stock Value	-	7,439,189	-	7,439,189
Small-Cap Stock Value and Growth	-	5,844,634	-	5,844,634
International Stock Growth	-	4,846,357	-	4,846,357
Balanced Funds	-	18,134,125	-	18,134,125
Asset Allocation Funds	-	6,059,533	-	6,059,533
Intermediate-Term Bonds	-	8,500,776	-	8,500,776
Money Market Funds	-	2,001,119	-	2,001,119
Unallocated Insurance Contract	-	23,386,242	-	23,386,242
	<u>\$ -</u>	<u>\$ 99,023,376</u>	<u>\$ -</u>	<u>\$ 99,023,376</u>

	2010			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
Large-Cap Stock Value, Blend and Growth	\$ -	\$ 24,971,846	\$ -	\$ 24,971,846
Mid-Cap Stock Value	-	4,876,849	-	4,876,849
Small-Cap Stock Value and Growth	-	5,826,137	-	5,826,137
International Stock Growth	-	6,355,988	-	6,355,988
Balanced Funds	-	15,018,886	-	15,018,886
Asset Allocation Funds	-	7,627,500	-	7,627,500
Intermediate-Term Bonds	-	7,477,789	-	7,477,789
Money Market Funds	-	1,656,456	-	1,656,456
Unallocated Insurance Contract	-	21,918,536	-	21,918,536
	<u>\$ -</u>	<u>\$ 95,729,987</u>	<u>\$ -</u>	<u>\$ 95,729,987</u>

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using the net asset value per share (or its equivalent) as of December 31:

Investment	2011			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts				
Equity Funds				
Large-Cap (1)	\$22,811,401	None	Daily	None
Mid-Cap (2)	7,439,189	None	Daily	None
Small-Cap (3)	5,844,634	None	Daily	None
International (4)	4,846,357	None	Daily	None
Balanced Funds (5)	18,134,125	None	Daily	None
Asset Allocation Funds (6)	6,059,533	None	Daily	None
Intermediate-Term Bonds (7)	8,500,776	None	Daily	None
Money Market Funds (8)	2,001,119	None	Daily	None
	<u>\$75,637,134</u>			

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Investment	2010			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled Separate Accounts				
Equity Funds				
Large-Cap (1)	\$24,971,846	None	Daily	None
Mid-Cap (2)	4,876,849	None	Daily	None
Small-Cap (3)	5,826,137	None	Daily	None
International (4)	6,355,988	None	Daily	None
Balanced Funds (5)	15,018,886	None	Daily	None
Asset Allocation Funds (6)	7,627,500	None	Daily	None
Intermediate-Term Bonds (7)	7,477,789	None	Daily	None
Money Market Funds (8)	1,656,456	None	Daily	None
	<u>\$73,811,451</u>			

- (1) This category includes investments whose objective is to either seek substantial dividend income as well as long-term growth of capital or provide an investment return matching the return of the S&P 500 index. Typically these funds invest primarily in stocks of companies similar in size to those in the S&P 500 index.
- (2) This category's investment objective is to seek long-term capital appreciation. The funds may invest in domestic equity securities with growth potential and/or companies within the range of the market capitalization of the Russell Midcap Value index.
- (3) Investments in this category seek capital appreciation by investing in either growth or value stocks issued by companies with small-sized market capitalization believed to be undervalued in the marketplace or possess above average potential.
- (4) This category includes investments that seek long-term capital appreciation through investing at least 75% in foreign securities or depository receipts of foreign securities. The funds may also invest in developing countries.
- (5) Investments in this category seek to provide an above-average capital appreciation and a moderate to high level of income. The target investment allocations of the funds range between 20%-60% in equities and the remainder in fixed income and cash.
- (6) This category includes investments whose objective is to invest in a combination of stocks, bonds and cash equivalents to achieve income, growth and capital appreciation utilizing conservative, moderate or aggressive investment techniques.
- (7) This category's investment seeks to maximize income, to the extent consistent with preservation of capital, through investing in bonds and income-producing securities. The fund typically invests at least 65% in U.S. dollar-denominated debt securities.
- (8) This category includes investments whose objective is to provide current income while preserving assets and maintaining liquidity and investment quality. The funds invest in high-quality, short-term money market instruments.

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2011, there were no significant transfers in or out of Level 1, 2 or 3.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 5. Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract AUL. AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value, which approximates fair value, as reported by AUL. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$23,386,242 and \$21,918,536, respectively. Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return AUL expects on new investments made and held within the AUL general account. When establishing interest credit rates for these contracts, AUL considers past general account investments, adjusted for portfolio turnover and withdrawals for benefit payments. The crediting rate will always equal or exceed the contractually guaranteed rate.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan agreement, (2) changes to the Plan's prohibition on competing investment options, (3) bankruptcy of the plan sponsor or other plan sponsor events, or (4) failure of the trust to qualify for exemption under ERISA or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring. Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in a fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by participants, and can only be initiated by the custodian upon termination of the Plan or complete termination of the contract.

	2011	2010
Average yield earned by the Plan	4.00%	4.03%
Average yield credited to participants	4.00%	4.03%

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Company 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 fully vested in their accounts.

Note 7. Tax Status

The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore, is exempt from income taxes. No provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. As of December 31, 2011, 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 adjustment to 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 tax examinations by U.S. federal tax authorities for years before 2008.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Notes to Financial Statements

Note 8. Party-in-Interest Transactions

Certain Plan investments are shares of pooled separate accounts and an insurance contract managed by AUL. AUL is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for AUL, without consideration of indirect compensation, for the year ended December 31, 2011 was \$19,747.

Note 9. Excluded Contracts

The plan administrator has elected to exclude from investments certain annuity and custodial accounts which may have been issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009, as permitted by the United States Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator is not able to determine the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist.

Note 10. Prohibited Transactions

During the year ended December 31, 2010, the plan sponsor failed to deposit \$27,031 participant loan repayments within the required time frame as prescribed by the United States Department of Labor (DOL). The DOL considers this late deposit to be prohibited non-exempt transactions. For this deposit, the plan sponsor will file IRS Form 5330 and pay the applicable excise tax from their assets and not from the assets of the Plan.

Note 11. Reconciliation of Financial Statements to Form 5500

Notes receivable from participants are reported on the Form 5500 as participant loans and considered plan investments while in the Plan's financial statements they are classified as receivables from participants.

Note 12. Subsequent Event

On February 22, 2012, the Company approved and funded a discretionary contribution of approximately \$909,000 for the year ended December 31, 2011.

Supplemental Schedules

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Employer No. 34-1425870

Plan No. 001

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

December 31, 2011

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lesser or Similar Party	Description of Investment	Current Value
*	American United Life Insurance Company Unallocated Insurance Contract AUL Fixed Account		<u>\$ 23,386,242</u>
*	American United Life Insurance Company Pooled Separate Accounts		
		T. Rowe Price Growth Stock Fund	10,828,465
		Calvert Income Fund	8,144,830
		State Street Equity 500 Index Fund	6,554,689
		Russell Lifepoints Moderate Strategy Fund	6,059,533
		T. Rowe Price Equity-Income Fund	5,428,247
		Thornburg International Value Fund	4,846,357
		Goldman Sachs Mid Value Fund	4,714,104
		OneAmerica Asset Director Fund	4,505,352
		Russell Lifepoints 2020 Strategy Fund	3,570,002
		Vanguard Vif Small Comp Growth Fund	3,141,256
		Thornburg Core Growth Fund	2,725,085
		AmCent Small-Cap Value Fund	2,703,378
		Russell Lifepoints 2030 Strategy Fund	2,098,132
		OneAmerica Money Market Fund	2,001,119
		Russell Lifepoints Growth Strategy Fund	1,997,385
		Russell Lifepoints 2040 Strategy Fund	1,915,745
		Russell Lifepoints Conservative Strategy Fund	1,318,967
		Russell Lifepoints Balance Strategy Fund	1,169,098
		Russell Lifepoints Equal Growth Strategy Fund	567,968
		Russell Lifepoints 2025 Strategy Fund	424,685
		Russell Lifepoints IN Retirement Fund	355,945
		Russell Lifepoints 2015 Strategy Fund	334,398
		Russell Lifepoints 2035 Strategy Fund	119,673
		Russell Lifepoints 2050 Strategy Fund	71,492
		Russell Lifepoints 2045 Strategy Fund	41,229
			<u>75,637,134</u>
*	Participant Loans	Maturities at various dates through January 2030; interest rates at 5.0%	<u>3,490,499</u>
			<u><u>\$ 102,513,875</u></u>

* Represents a party-in-interest

The above information has been certified as complete and accurate by American United Life Insurance Company, custodian of the Plan. Column (d)(Cost) has been omitted, as it is not required under ERISA.

Lake Hospital System, Inc. 403(b) Retirement Savings Plan

Employer No. 34-1425870

Plan No. 001

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

Participant contributions transferred late to plan: \$28,231	Total that constitute prohibited non-exempt transactions \$0			Total fully corrected under VFCP and PTE 2002-51
☒ Check here if late participant loan repayments are included:	Contributions not corrected	Contributions corrected outside of VFCP	Contributions pending correction in VFCP	
2010	\$ 1,200	\$ 27,031	\$ -	\$ -

Employee loan repayments were remitted untimely during the year ended December 31, 2010. For these late deposits, the plan sponsor will file IRS Form 5330 and pay the applicable excise tax from their assets and not from assets of the Plan.

Schedule C Attachment for Line Item 3(e)

Plan Name **G74645 LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN**

Plan Number **001** **Plan Year End** **12/31/2011**

EIN **34-1425870**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALLIANZ	Allianz NFJ Mid Cap Value Fund	0.25
AMERICAN CENTURY	AmCent Small Cap Value	0.35
AMERICAN CENTURY	AmCent Strategic Alloc Conser	0.35
CALVERT	Calvert Income	0.50
FIDELITY	Fidelity VIP Growth	0.15
FIDELITY	Fidelity VIP Overseas	0.15
FIDELITY	Fidelity VIP Asset Manager	0.15
GOLDMAN SACHS	Goldman Sachs Mid Value	0.10
RUSSELL	Russell LifePoints® 2010 Strat	0.20
RUSSELL	Russell LifePoints® 2015 Strat	0.20
RUSSELL	Russell LifePoints® In Retirem	0.20
RUSSELL	Russell LifePoints® Cons Strat	0.20
RUSSELL	Russell LifePoints® EqGro Stra	0.20
RUSSELL	Russell LifePoints® Grow Strat	0.20
RUSSELL	Russell LifePoints® Mod Strat	0.20
RUSSELL	Russell LifePoints® 2020 Strat	0.20
RUSSELL	Russell LifePoints® 2025 Strat	0.20
RUSSELL	Russell LifePoints® 2030 Strat	0.20
RUSSELL	Russell LifePoints® Bal Strat	0.20
RUSSELL	Russell LifePoints® 2035 Strat	0.20
RUSSELL	Russell LifePoints® 2040 Strat	0.20

Investment Company	Investment Portfolio	Annual Percentage
RUSSELL	Russell LifePoints® 2045 Strat	0.20
RUSSELL	Russell LifePoints® 2050 Strat	0.20
RUSSELL	Russell LifePoints® 2055 Strat	0.20
STATE STREET	State Street Equity 500 Index	0.15
T. ROWE PRICE	T Rowe Price Equity-Income	0.25
T. ROWE PRICE	T Rowe Price Growth Stock	0.40
T. ROWE PRICE	T Rowe Price Mid Cap Growth	0.65
THORNBURG	Thornburg Core Growth	0.25
THORNBURG	Thornburg International Value	0.25

Plan Type 3 403ER

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1

EIN: 34-1425870

Plan Sponsor's Name LAKE HOSPITAL SYSTEM INC.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN CENTURY INVESTMENTS	AMCENT SMALL CAP VALUE MUTUAL FUND SHARES	0	2,703,378
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	23,386,242
	CALVERT INVESTMENTS	CALVERT INCOME MUTUAL FUND SHARES	0	8,144,830
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMAN SACHS MID VALUE MUTUAL FUND SHARES	0	4,714,104
	PARTICIPANTS	LOANS 5% TO 5%	0	3,490,499
*	ONEAMERICA FUNDS INC.	ONEAMERICA ASSET DIRECTOR MUTUAL FUND SHARES	0	4,505,352
*	ONEAMERICA FUNDS INC.	ONEAMERICA MONEY MARKET MUTUAL FUND SHARES	0	2,001,119

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN
Plan Sponsor's Name LAKE HOSPITAL SYSTEM INC.

EIN: 34-1425870
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS EQGRO STRAT MUTUAL FUND SHARES	0	567,968
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2015 STRAT MUTUAL FUND SHARES	0	334,398
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2020 STRAT MUTUAL FUND SHARES	0	3,570,002
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2025 STRAT MUTUAL FUND SHARES	0	424,685
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2030 STRAT MUTUAL FUND SHARES	0	2,098,133
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2035 STRAT MUTUAL FUND SHARES	0	119,673
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2040 STRAT MUTUAL FUND SHARES	0	1,915,745

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN
Plan Sponsor's Name LAKE HOSPITAL SYSTEM INC.

EIN: 34-1425870
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2045 STRAT MUTUAL FUND SHARES	0	41,227
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS 2050 STRAT MUTUAL FUND SHARES	0	71,492
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS BAL STRAT MUTUAL FUND SHARES	0	1,169,098
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS CONS STRAT MUTUAL FUND SHARES	0	1,318,967
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS GROW STRAT MUTUAL FUND SHARES	0	1,997,385
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS IN RETIREMT MUTUAL FUND SHARES	0	355,946
	RUSSELL INVESTMENT COMPANY	RUSSELL LIFEPOINTS MOD STRAT MUTUAL FUND SHARES	0	6,059,533

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name LAKE HOSPITAL SYSTEM INC. 403B RETIREMENT SAVINGS PLAN
Plan Sponsor's Name LAKE HOSPITAL SYSTEM INC.

EIN: 34-1425870
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	STATE STREET INSTITUTIONAL TRUST	STATE STREET EQUITY 500 INDEX MUTUAL FUND SHARES	0	6,554,689
	T ROWE PRICE	T ROWE PRICE EQUITY-INCOME MUTUAL FUND SHARES	0	5,428,247
	T ROWE PRICE	T ROWE PRICE GROWTH STOCK MUTUAL FUND SHARES	0	10,828,466
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG CORE GROWTH MUTUAL FUND SHARES	0	2,725,085
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTERNATIONAL VALUE MUTUAL FUND SHARES	0	4,846,357
	THE VANGUARD GROUP INC	VANGUARD VIF SMALL COMP GROWTH MUTUAL FUND SHARES	0	3,141,256