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

					Inspection			
Part I	Part I Annual Report Identification Information							
For caler	ndar plan year 2011 or fiscal pl	an year beginning 01/01/2011		and ending 12/31/2	2011			
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
		a single-employer plan;	a DFE (s	pecify)				
			L `	·				
B This	return/report is:	X the first return/report;	the final	return/report;				
	3.4	an amended return/report;	a short p	lan year return/report (less th	nan 12 months).			
C If the	plan is a collectively-bargained	J plan, check here						
D Chec	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;			
- 01.00	K DOX II IIIII g dridor.	special extension (enter des		,				
Part	II Rasic Plan Inform	ation—enter all requested informa						
	ne of plan	ation enter all requested lillottile	auon		1b Three-digit plan	501		
	•	Y HEALTH AND WELFARE PLAN			number (PN) ▶	301		
					1c Effective date of pl	an		
					01/01/2002			
2a Plan	sponsor's name and address,	including room or suite number (Er	mployer, if for single-	-employer plan)	2b Employer Identifica	ation		
MCC CE	OUD INC				Number (EIN) 80-0197267			
	ROUP, INC. RE MANAGEMENT				2c Sponsor's telephone			
IVISC CA	IRE MANAGEMENT				number			
044 DDI	JDENTIAL DRIVE SUITE 900	044 DDU	DENTIAL DRIVE OU	ITE 000	904-646-0199			
	NVILLE, FL 32207		DENTIAL DRIVE SU NVILLE, FL 32207	ITE 900	2d Business code (see	е		
					instructions) 541990			
					541990			
		omplete filing of this return/repor						
		nalties set forth in the instructions, last the electronic version of this return						
Staterner	its and attachments, as well as	the electronic version of this return	Treport, and to the b	T	ner, it is true, correct, and con	ipiete.		
CION	Filed with authorized/valid elec	tronic signaturo	10/15/2012	GUY JACKSON				
SIGN HERE	r lied with authorized/valid elec	tronic signature.	10/13/2012	GUT JACKSON				
	Signature of plan administr	ator	Date	Enter name of individual si	igning as plan administrator			
2 16								
SIGN HERE								
	Signature of employer/plan	sponsor	Date	Enter name of individual si	igning as employer or plan sp	onsor		
SIGN								

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Same C GROUP, INC.	ne")			ministrator's EIN -0197267
	I PRUDENTIAL DRIVE SUITE 900 CKSONVILLE, FL 32207		ministrator's telephone mber 904-646-0199		
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for	this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	611
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a,	6b, 6c, and 6d).		
а	Active participants			6a	673
b	Retired or separated participants receiving benefits			6b	6
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines 6a , 6b , and 6c			6d	679
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits		6e	
f	Total. Add lines 6d and 6e			6f	679
g	Number of participants with account balances as of the end of the plan year complete this item)	` •	•	6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer	plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature could be pension feature benefits.				
9a	Plan funding arrangement (check all that apply)		nefit arrangement (check all tha	at apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) X General assets of the sponsor	(1) (2) (3) (4)	Insurance Code section 412(e)(3) i Trust General assets of the sp		ce contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	- L	here indicated, enter the numb	oer attac	hed. (See instructions)
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	b General (1) (2) (3)	Schedules H (Financial Inform I (Financial Inform X 7 A (Insurance Inform	nation –	Small Plan)
	actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) (5) (6)	C (Service Provide D (DFE/Participatir G (Financial Trans	ng Plan	Information)

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

OMB No. 1210-0110

nurought to FDICA continu 402(a)(2)					rm is Open to Public Inspection		
For calendar plan year 20	11 or fiscal pla	n year beginning 01/01/2011	and e	nding 12/31/2011			
A Name of plan MSC-MEDICAL SERVICE	ES COMPANY	HEALTH AND WELFARE PLA	NI.	ee-digit n number (PN)	501		
C Plan sponsor's name a MSC GROUP, INC.	s shown on lin	e 2a of Form 5500	-	loyer Identification Number 97267	(EIN)		
on a separat	on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca							
HUMANA INSURANCE C	OMPANY						
/LA FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	ontract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To		
39-1263473	73288	627838	455	01/01/2011	12/31/2012		
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	otal commissions paid. List in item	3 the agents, brokers, and	other persons in		
(a) Total amount of commissions paid (b) Total amount of fees paid							
2412 0							
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all persons).				
		<u> </u>	r, or other person to whom commis O CYPRESS PLAZA DR	sions or fees were paid			
BENEFIT TECHNOLOGIE	ES DIVISION	STE	: 201 KSONVILLE, FL 32256				
(b) Amount of sales ar	nd hoos	Fe	ees and other commissions paid				
commissions pai		(c) Amount	(d) Purpos	se	(e) Organization code		
1325					3		
	(a) Name a	and address of the agent, broke	r, or other person to whom commis	sions or fees were paid			
PIERCE DWIGHT-RICHTER 8110 CYPRESS PLAZA DR STE 201 JACKSONVILLE, FL 32256							
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid				
commissions pai	d	(c) Amount	(d) Purpos	se	(e) Organization code		
1086				3			

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>					
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid					
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid					
(L) A		Fees and other commission	ns paid	(-) One of entire				
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code				
•	, ,							
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(-) NI-								
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
	<u> </u>							
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				

_	•
Pane	٠.'
uqu	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier ma	ay be treated	d as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а			ion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
	ı					
		(6)Total additions			7c(6)	
	_	of balance and additions (add b and c(6)).			7d	
		Deductions:				
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	,	2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	,	4) Other (specify below)	- (4)			
	ì	•	` '			
	·					
	(5) Total deductions			7e(5)	
	,	Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2011		Page 4	
Welfare Benefit Contract Information from than one contract covers the same goinformation may be combined for reporting pothe entire group of such individual contracts	roup of employees of the same urposes if such contracts are	experience-rated as a unit. Where contra	
and contract type (check all applicable boxes)			
lealth (other than dental or vision)	b Dental	c ⋉ Vision	d Life insurance
emporary disability (accident and sickness)	f Long-term disability	g Supplemental unemployment	h Prescription drug
top loss (large deductible)	j HMO contract	k PPO contract	I Indemnity contract
Other (specify)	, -	_	-
nce-rated contracts:			
niums: (1) Amount received		9a(1)	ī

е	Temporary disability (accident and sickness) $f f igsqcup Long-tern$	n disability g	Supplemental unemp	loyment I	n Prescription drug	
i 🗌	Stop loss (large deductible) j HMO con	tract k	PPO contract		I Indemnity contract	
m∏	Other (specify)		•		_	
<u> </u>						
Exper	rience-rated contracts:					
a Pı	remiums: (1) Amount received	9a(1)				
(2	2) Increase (decrease) in amount due but unpaid	9a(2)				
(3	(3) Increase (decrease) in unearned premium reserve	9a(3)				
(4	(4) Earned ((1) + (2) - (3))			9a(4)		
b E	Benefit charges (1) Claims paid	9b(1)				
(2	2) Increase (decrease) in claim reserves	9b(2)				
(:	(3) Incurred claims (add (1) and (2))			9b(3)		
(4	4) Claims charged			9b(4)		
CF	Remainder of premium: (1) Retention charges (on an accrual bas	is)	_			
	(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 s	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 amoun	nt entered in c(2) .)		9e		
0 Non	nexperience-rated contracts:	·				
a T	Total premiums or subscription charges paid to carrier			10a	3	7216
	If the carrier, service, or other organization incurred any specific or retention of the contract or policy, other than reported in Part I, ite		•	10b		

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Specify nature of costs

8 Benefit and contract type (check all applicable boxes) **a** Health (other than dental or vision)

Part III

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

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

OMB No. 1210-0110

nurrought to FDICA continue 100/o\/0\					m is Open to Public Inspection	
For calendar plan year 20	11 or fiscal pla	n year beginning 01/01/2011	and en	ding 12/31/2011		
A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN B Three-digit plan number (PN) 501						
MSC GROUP, INC.						
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.					
1 Coverage Information:						
(a) Name of insurance ca		ANY				
HOWAINADENTAL INCOL	TAINOL OOMI	AIVI				
(b) EIN	(c) NAIC code	(d) Contract or identification number	 (e) Approximate number of persons covered at end of policy or contract year 	(f) From	(g) To	
39-0714280	70580	627838	459	01/01/2011	12/31/2012	
2 Insurance fee and come descending order of the		ation. Enter the total fees and total	al commissions paid. List in item 3	the agents, brokers, and	other persons in	
(a) Total a	amount of com	·	(b) To	otal amount of fees paid		
	16503					
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).			
			or other person to whom commiss	ions or fees were paid		
BENEFIT TECHNOLOGII	ES DIVISION 7	STE 2	CYPRESS PLAZE DR 01 SONVILLE, FL 32256			
(b) Amount of sales ar	nd base	Fee	s and other commissions paid			
commissions pa		(c) Amount	(d) Purpose		(e) Organization code	
	9375				3	
	(a) Name a	and address of the agent, broker,	or other person to whom commiss	ions or fees were paid		
PIERCE DWIGHT-RICHTER 8110 CYPRESS PLAZE DR STE 201 JACKSONVILLE, FL 32256						
(b) Amount of color or	nd base	Fee	s and other commissions paid			
	mount of sales and base commissions paid (c) Amount		(d) Purpose	(e) Organization code		
	7128				3	
For Panerwork Reduction	n Act Notice :	and OMB Control Numbers see	the instructions for Form 5500	Sche	dule A (Form 5500) 2011	

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>					
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid					
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid					
(L) A		Fees and other commission	ns paid	(-) One of entire				
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code				
•	, ,							
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(-) NI-								
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
	<u> </u>							
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				

_	•
Pane	٠.'
uqu	

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier ma	ay be treated	d as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а			ion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
	ı					
		(6)Total additions			7c(6)	
	_	of balance and additions (add b and c(6)).			7d	
		Deductions:				
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	,	2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	,	4) Other (specify below)	- (4)			
	ì	•	` '			
	·					
	(5) Total deductions			7e(5)	
	,	Balance at the end of the current year (subtract e(5) from d)			7 f	

Page 4	
employer(s) or members of the same en perience-rated as a unit. Where contrar as a unit for purposes of this report.	
c Vision g Supplemental unemployment k PPO contract	d Life insurance h Prescription dru l Indemnity contr

Pa	art III	Welfare Benefit Contract Informati	on				
		If more than one contract covers the same gro information may be combined for reporting pu					
		the entire group of such individual contracts w					o dever interviolati employees,
8	Bene	fit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b X Dental	с	Vision	(d Life insurance
	еĒ	Temporary disability (accident and sickness)	f Long-term	n disability g	Supplemental unemp	olovment I	h Prescription drug
	i F	Stop loss (large deductible)	i HMO cont		- · · ·	,	I Indemnity contract
	· _	, , , ,		iaci K] 11 O contract		I Indemnity contract
	m _	Other (specify)					
9	Fyne	rience-rated contracts:					
•		Premiums: (1) Amount received		9a(1)		169658	
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium rese		` '			
		(4) Earned ((1) + (2) - (3))				9a(4)	169658
	b	Benefit charges (1) Claims paid		9b(1)		150251	
	((2) Increase (decrease) in claim reserves		9b(2)		31107	
	((3) Incurred claims (add (1) and (2))				9b(3)	181358
	((4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or	n an accrual basi	s)	1		
		(A) Commissions				16503	
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs					
		(D) Other expenses					
		(E) Taxes		2 (1)(=)			
		(F) Charges for risks or other contingencies		2 (1)(2)			
		(G) Other retention charges				50513	07040
		(H) Total retention		_		9c(1)(H)	67016
		(2) Dividends or retroactive rate refunds. (These	<u> </u>				
		Status of policyholder reserves at end of year: (1)		•		9d(1)	
		(2) Claim reserves				9d(2)	2185
		(3) Other reserves				9d(3)	
10		Dividends or retroactive rate refunds due. (Do no	t include amoun	t enterea in c(2) .)		. 9e	
10		nexperience-rated contracts:	prior			100	
	_	Total premiums or subscription charges paid to ca If the carrier, service, or other organization incurre				. 10a	
		retention of the contract or policy, other than repo			•	10b	

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Specify nature of costs

Schedule A (Form 5500) 2011

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

r ension benefit duaranty of	orporation	Insurance companies are pursuant to El	Form is Open to Public Inspection					
For calendar plan year 20	11 or fiscal plai	n year beginning 01/01/2011	and en	ding 12/31/2011				
A Name of plan MSC-MEDICAL SERVICE	ES COMPANY	HEALTH AND WELFARE PLAN		e-digit number (PN)	501			
C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EII 80-0197267					ber (EIN)			
	on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
<u> </u>								
(a) Name of insurance ca								
AMERICAN HERITAGE I	LIFE INSURAN	CE						
(L) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy	or contract year			
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To			
59-0781901	60534	69535	325	01/01/2011	12/31/2011			
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. List in item 3	the agents, brokers, a	and other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid					d			
	29284 0							
3 Persons receiving com	missions and f	ees. (Complete as many entries a	as needed to report all persons).					
		and address of the agent, broker, o		ions or fees were paid				
DWIGHT PIERCE RICHT	FER & COMPA	STE 20	CYPRESS PLAZE DR 01 CONVILLE, FL 32256					
(b) Amount of sales a	nd base	Fees	and other commissions paid					
commissions pa		(c) Amount	(d) Purpose	(e) Organization code				
22915					3			
	(a) Name a	and address of the agent, broker, o	or other person to whom commiss	ions or fees were paid				
DONALD LIKENS 8833 PERIMETER PARK BLVD STE 802 JACKSONVILLE, FL 32216								
(b) Amount of sales and base Fees and other commissions paid								
commissions pa		(c) Amount	(d) Purpose	(e) Organization code				
	29				3			
	A . N:				/= =====			

Schedule A (Form 5500)	2011	Page 2 - 1			
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	aid		
JOHN SWEENEY BENEFIT SERVIC		200 EAST TAFT ST APULPA, OK 74066			
		For and other constitution and			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code		
662			3		
(a) Na	me and address of the agent h	roker, or other person to whom commissions or fees were pa	aid		
RITA REITER BENEFIT SERVICES (GRP 12	200 EAST TAFT ST APULPA, OK 74066			
(b) Amount of sales and base Fees and other commissions paid					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
260			3		
(a) Na	me and address of the agent h	roker, or other person to whom commissions or fees were pa	aid		
MICHAEL SASSER BENEFIT SERVICES GRP 8833 PERIMETER PARK BLVD STE 802 JACKSONVILLE, FL 32216					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
104			3		
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	aid		
ROSS LEHMAN	S	333 PERIMETER PARK BLVD TE 802 ACKSONVILLE, FL 32216			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
195			3		
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pa	aid		
THOMAS W COOPER	88 S	333 PERIMETER PARK BLVD TE 802 ACKSONVILLE, FL 32216			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Schedule A (Form 5500)	2011	Page 2 - 2	
	me and address of the agent, br	roker, or other person to whom commissions or fees were	e paid
WILLARD H FORD	88 S1	333 PERIMETER PARK BLVD FE 802 CKSONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 55	(c) Amount	(d) Purpose	code 3
(a) Na		roker, or other person to whom commissions or fees were	e paid
JACK O HOWARD	S1	333 PERIMETER PARK BLVD FE 802 ICKSONVILLE, FL 32216	
(b) Amount of sales and base	(a) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid 43	(c) Amount	(u) Fulpose	code 3
		roker, or other person to whom commissions or fees were	e paid
DAVID B PHILLIPS	Sī	333 PERIMETER PARK BLVD FE 802 ICKSONVILLE, FL 32216	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
395	(1)	(2) - 20	3
	me and address of the agent, br	roker, or other person to whom commissions or fees were	e paid
MELISSA E KLIPP	S1	333 PERIMETER PARK BLVD FE 802 CKSONVILLE, FL 32216	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1877	(c) Amount	(u) i dipose	3
		roker, or other person to whom commissions or fees were	e paid
EMTT INC C/O TAYLOR INS SERVIO	JES PC V/	D BOX 190 ALDOSTA, GA 31603	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
63	(o) Amount	(w) i uipose	3

Schedule A (Form 5500)	2011	Page 2 - 3	
(a) Nar		xer, or other person to whom commissions or fees were paid	
LESLEE RAY) ADMIRAL WALK DRIVE W NGE PARK, FL 32073	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
49			3
		ker, or other person to whom commissions or fees were paid	
MARK FALBO	STE		
	JAC	KSONVILLE, FL 32216	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
116			3
(a) Nar	ne and address of the agent, brok	ker, or other person to whom commissions or fees were paid	
40.4		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Nar	ne and address of the agent, brok	ker, or other person to whom commissions or fees were paid	
		Fore and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	(5)	7	
(a) No.	no and address of the agent healt	vor or other person to whom commissions or feed were reid	
(a) Nar	ne and address of the agent, brok	ker, or other person to whom commissions or fees were paid	

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

(b) Amount of sales and base commissions paid

_	•
Pane	٠.'
uqu	

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier ma	ay be treated	d as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а			ion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
	ı					
		(6)Total additions			7c(6)	
	_	of balance and additions (add b and c(6)).			7d	
		Deductions:				
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	,	2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	,	4) Other (specify below)	- (4)			
	ì	•	` '			
	·					
	(5) Total deductions			7e(5)	
	,	Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2011		Pag	ne 4	
,	······································			_
I Welfare Benefit Contract Informatif more than one contract covers the same ginformation may be combined for reporting puthe entire group of such individual contracts.	roup of employees of the sam urposes if such contracts are	experience	e-rated as a unit. Where contra	
efit and contract type (check all applicable boxes)	!			
Health (other than dental or vision)	b Dental	c 🗌	Vision	d X Life insurance
Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k∏	PPO contract	I Indemnity contract
Other (specify)	_	_		_
erience-rated contracts:	_			
Premiums: (1) Amount received	<u> </u>	9a(1)		
(2) Increase (decrease) in amount due but unpai	d	9a(2)		
(3) Increase (decrease) in unearned premium res	serve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
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)	
Remainder of premium: (1) Retention charges (c	on an accrual basis)			
(A) Commissions	9	c(1)(A)		
(B) Administrative service or other fees		c(1)(B)		
()		(4)(0)		_

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

87866

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a | X | Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

,	pursuant to ERISA section 103(a)(2).			This For	m is Open to Public Inspection	
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending			ng 12/31/2011	•		
A Name of plan MSC-MEDICAL SERVICE	ES COMPANY	HEALTH AND WELFARE PLA		Three-d plan nu	digit umber (PN)	501
C Plan sponsor's name a MSC GROUP, INC.	s shown on lir	ne 2a of Form 5500	С	Employe 80-01972	er Identification Number (267	(EIN)
		ning Insurance Contract Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance ca LIFE INSURANCE COMP		RTH AMERICA				
	(c) NAIC	(d) Contract or	(e) Approximate num		Policy or co	ontract year
(b) EIN	code	identification number	persons covered at e policy or contract ye		(f) From	(g) To
23-1503749	65498	FLX963065	673	673 01/01/2011		12/31/2011
2 Insurance fee and composite descending order of the		nation. Enter the total fees and to	otal commissions paid. List	in item 3 th	e agents, brokers, and o	other persons in
(a) Total a	amount of com	missions paid		(b) Total	I amount of fees paid	
3 Persons receiving com	missions and f	fees. (Complete as many entrie	s as needed to report all pe	sons).		
		and address of the agent, broke			ns or fees were paid	
BENEFITS TECHNOLOG	BIES DIV	STE	0 CYPRESS PLAZA DRIVE 201 KSONVILLE, FL 32256			
(b) Amount of sales ar	nd base	Fe	ees and other commissions	paid		
commissions pa		(c) Amount	(d)	Purpose		(e) Organization code
10451						3
	(a) Name	and address of the agent, broke	r, or other person to whom o	commission	ns or fees were paid	
(b) Amount of sales ar	(b) Amount of sales and base Fees and other commissions paid					
commissions pai		(c) Amount	(d)	Purpose		(e) Organization code

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>	
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid	
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid	
(L) A		Fees and other commission	ns paid	(-) One of the first
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(-) NI-				
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	T			1
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

_	•
Pane	٠.'
uqu	

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	Curre	nt value of plan's interest under this contract in the general account at year	end		4		
_		nt value of plan's interest under this contract in separate accounts at year e			5		
6	Contr	acts With Allocated Funds:					
	а	State the basis of premium rates					
		Premiums paid to carrier			6b		
		Premiums due but unpaid at the end of the year			6c		
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d		
		Specify nature of costs •					
	е	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here			
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)			
	а			ion guarantee			
		(3) guaranteed investment (4) other					
	b	Balance at the end of the previous year			7b		
	С	Additions: (1) Contributions deposited during the year					
		(2) Dividends and credits	7c(2)				
		(3) Interest credited during the year	7c(3)				
		(4) Transferred from separate account	7c(4)				
		(5) Other (specify below)	. 7c(5)				
	ı						
		(6)Total additions			7c(6)		
	_	of balance and additions (add b and c(6)).			7d		
		Deductions:					
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
	,	2) Administration charge made by carrier	. 7e(2)				
		3) Transferred to separate account	7e(3)				
	,	4) Other (specify below)	- (4)				
	ì	•	` '				
	·						
	(5) Total deductions			7e(5)		
	,	Balance at the end of the current year (subtract e(5) from d)			7 f		

Pa	age 4		
e experien		ere contrac	nployee organizations(s), the cts cover individual employees,
c [g [k [Vision Supplemental unemp PPO contract	oloyment	d X Life insurance h ☐ Prescription drug I ☐ Indemnity contract
9a(1)		67311	1_
9a(2)			
9a(3)		9a(4)	67311
9b(1)		. 3a(4)	07011
9b(2)			
\-/-,		9b(3)	
		9b(4)	
9c(1)(A)			

10a

10b

Pá	art I	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of	oup of employees of the surposes if such contracts a	are experien	ce-rated as a unit. Wh	nere contract		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental	С	Vision		d X Life insu	rance
	е	Temporary disability (accident and sickness)	f Long-term disability	у д	Supplemental unem	ployment	h Prescript	tion drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnit	y contract
	m	Other (specify)	_	_	_			
9	Ехр	erience-rated contracts:						
	а	Premiums: (1) Amount received		9a(1)		67311		
		(2) Increase (decrease) in amount due but unpaid]	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		67311
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	n 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.						
		(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 I	benefits after	r retirement	` ` `	1	
		(2) Claim reserves	•			9d(2)	1	
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	l in c(2) .)		9e		

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs >

10 Nonexperience-rated contracts:

Schedule A (Form 5500) 2011

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

a Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection		
For calendar plan year 20	11 or fiscal pla	an year beginning 01/01/2011	an	d ending 12/31/20	011
A Name of plan MSC-MEDICAL SERVICE	ES COMPANY	' HEALTH AND WELFARE PLA	K I	Three-digit plan number (PN)	501
C Plan sponsor's name a MSC GROUP, INC.	s shown on lii	ne 2a of Form 5500		mployer Identification -0197267	Number (EIN)
Part I Information on a separat	on Concer e Schedule A	ning Insurance Contract Individual contracts grouped as	Coverage, Fees, and Cos a unit in Parts II and III can be	ommissions Prov reported on a single	vide information for each contract Schedule A.
1 Coverage Information:					
(a) Name of insurance ca		RTH AMERICA			
	(c) NAIC	(d) Contract or	(e) Approximate number of	of P	Policy or contract year
(b) EIN	code	identification number	persons covered at end o policy or contract year	f (f) Fron	m (g) To
23-1503749	65498	964725	673	01/01/2011	12/31/2011
2 Insurance fee and composite descending order of the		nation. Enter the total fees and to	otal commissions paid. List in ite	em 3 the agents, brok	ers, and other persons in
(a) Total a	amount of con	nmissions paid	(k) Total amount of fee	es paid
		627			
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all person	s).	
	(a) Name	and address of the agent, broke	r, or other person to whom com	missions or fees were	e paid
BENEFITS TECHNOLOG	ilES DIV	STE	O CYPRESS PLAZA DRIVE 201 KSONVILLE, FL 32256		
(b) Amount of sales ar	nd base	Fe	es and other commissions paid		
commissions pa		(c) Amount	(d) Pur	pose	(e) Organization code
627					3
	(a) Name	and address of the agent, broke	r, or other person to whom comi	missions or fees were	e paid
(b) Amount of sales ar	nd base	Fe	es and other commissions paid		
commissions pa		(c) Amount	(d) Pur	pose	(e) Organization code

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>	
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid	
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid	
(L) A		Fees and other commission	ns paid	(-) One of the first
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(-) NI-				
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	T			1
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

_	•
Pane	٠.'
uqu	

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	Curre	nt value of plan's interest under this contract in the general account at year	end		4		
_		nt value of plan's interest under this contract in separate accounts at year e			5		
6	Contr	acts With Allocated Funds:					
	а	State the basis of premium rates					
		Premiums paid to carrier			6b		
		Premiums due but unpaid at the end of the year			6c		
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d		
		Specify nature of costs •					
	е	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here			
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)			
	а			ion guarantee			
		(3) guaranteed investment (4) other					
	b	Balance at the end of the previous year			7b		
	С	Additions: (1) Contributions deposited during the year					
		(2) Dividends and credits	7c(2)				
		(3) Interest credited during the year	7c(3)				
		(4) Transferred from separate account	7c(4)				
		(5) Other (specify below)	. 7c(5)				
	ı						
		(6)Total additions			7c(6)		
	_	otal of balance and additions (add b and c(6))			7d		
		Deductions:	Γ				
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
	,	2) Administration charge made by carrier	. 7e(2)				
		3) Transferred to separate account	7e(3)				
	,	4) Other (specify below)	- (4)				
	ì	•	` '				
	·						
	(5) Total deductions			7e(5)		
	,	Balance at the end of the current year (subtract e(5) from d)			7 f		

Schedule A (Form 5500) 2011	Page 4
	e same employer(s) or members of the same employee organizations(s), the sare experience-rated as a unit. Where contracts cover individual employees treated as a unit for purposes of this report.
efit and contract type (check all applicable boxes)	
Health (other than dental or vision) b Dental	c ☐ Vision d ☐ Life insurance
Temporary disability (accident and sickness) f Long-term disabi	ility g Supplemental unemployment h Prescription drug
Stop loss (large deductible) j HMO contract	k PPO contract I I Indemnity contract
Other (specify) AD&D	
_	
erience-rated contracts:	
Premiums: (1) Amount received	9a(1)
(2) Increase (decrease) in amount due but unpaid	9a(2)
(3) Increase (decrease) in unearned premium reserve	9a(3)
(4) Earned ((1) + (2) - (3))	
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	
Remainder of premium: (1) Retention charges (on an accrual basis)	
(A) Commissions	9c(1)(A)
(B) Administrative service or other fees	9c(1)(B)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

4429

9c(1)(C)

9c(1)(D) 9c(1)(E)

9c(1)(F)

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

a Health (other than dental or vision)

m X Other (specify) ▶AD&D

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees

(C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			ion This	Form is Open to Public Inspection		
For calendar plan year 20	11 or fiscal pla	n year beginning 01/01/2011	and en	ding 12/31/2011		
A Name of plan MSC-MEDICAL SERVICE	ES COMPANY	HEALTH AND WELFARE PLAN		e-digit number (PN)	501	
C Plan sponsor's name a MSC GROUP, INC.	as shown on lir	e 2a of Form 5500	D Emplo 80-019	yer Identification Numb 17267	per (EIN)	
on a separat		ning Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance ca	rrier					
LIFE INSURANCE COMP	PANY OF NOR	TH AMERICA				
(b) FIN (c) NAIC		(d) Contract or	(e) Approximate number of	Policy	or contract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To	
23-1503749	65498	962223	673	01/01/2011	12/31/2011	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	I commissions paid. List in item 3	the agents, brokers, a	nd other persons in	
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid					
		5498				
3 Persons receiving com	missions and f	ees. (Complete as many entries a	as needed to report all persons).			
	(a) Name a	and address of the agent, broker, o		ions or fees were paid		
BENEFITS TECHNOLOG	GIES DIV	STE 20	CYPRESS PLAZA DRIVE 01 CONVILLE, FL 32256			
(b) Amount of sales a	nd hase	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpose	Э	(e) Organization code	
	5498				3	
	(a) Name	and address of the agent, broker, o	or other person to whom commiss	ions or fees were paid		
(b) Amount of sales a	nd hase	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpose	(d) Purpose		
	A 4 N 41	101100 1 111 1			/= =====	

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>	
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid	
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid	
(L) A		Fees and other commission	ns paid	(-) One of entire
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(-) NI-				
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	T			1
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

_	•
Pane	٠.'
uqu	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier ma	ay be treated	d as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а			ion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
	ı					
		(6)Total additions			7c(6)	
	_	otal of balance and additions (add b and c(6))			7d	
		Deductions:	Γ			
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	,	2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	,	4) Other (specify below)	- (4)			
	ì	•	` '			
	·					
	(5) Total deductions			7e(5)	
	,	Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2011		Pa	ge 4	_	
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the saurposes if such contracts a	re experienc	e-rated as a unit. Where	e contract	
efit and contract type (check all applicable boxes)	ı				
Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
Temporary disability (accident and sickness)	f X Long-term disability	/ g	Supplemental unemplo	yment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
Other (specify)			•		_
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpai	d	9a(2)			
(3) Increase (decrease) in unearned premium res	serve	9a(3)			
(4) Earned ((1) + (2) - (3))	····· <u>-</u>			9a(4)	
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)	
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 are sifted as a visiting assets		9c(1)(C)			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

70859

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

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

OMB No. 1210-0110

			ERISA section 103(a)(2).	Inis	s Form is Open to Public Inspection
For calendar plan year 20	11 or fiscal pla	an year beginning 01/01/2011	and	l ending 12/31/2011	
A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN B Three-digit plan number (PN) 501					
C Plan sponsor's name a MSC GROUP, INC.	s shown on li	ne 2a of Form 5500		nployer Identification Nun 0197267	nber (EIN)
on a separat			Coverage, Fees, and Cos a unit in Parts II and III can be i		
1 Coverage Information:					
(a) Name of insurance ca					
LIFE INSURANCE COMP	ANT OF NO	TITAMERICA		T	
(b) EIN (c) NAIC		(d) Contract or	(e) Approximate number o persons covered at end of	•	or contract year
(D) EIN	code	identification number	policy or contract year	(f) From	(g) To
23-1503749	65498	750724	673	01/01/2011	12/31/2011
2 Insurance fee and communication descending order of the			otal commissions paid. List in iter	m 3 the agents, brokers,	and other persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid			aid	
		7262			
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all persons	s).	
	(a) Name	9 :	r, or other person to whom comm	nissions or fees were paid	d
BENEFITS TECHNOLOG	SIES DIV	STE	0 CYPRESS PLAZA DRIVE 201 KSONVILLE, FL 32256		
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid		
commissions pa		(c) Amount	(d) Purp	oose	(e) Organization code
	7262				3
	(a) Name	and address of the agent, broke	r, or other person to whom comm	nissions or fees were paid	
	(4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
(b) Amount of sales ar	nd base	Fe	ees and other commissions paid		
commissions pai		(c) Amount	(d) Purp	oose	(e) Organization code

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>	
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid	
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid	
(L) A		Fees and other commission	ns paid	(-) One of the first
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(-) NI-				
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	T			1
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

_	•
Pane	٠.'
uqu	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contra	cts with each carrier ma	ay be treated	d as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а			ion guarantee		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
	ı					
		(6)Total additions			7c(6)	
	_	otal of balance and additions (add b and c(6))			7d	
		Deductions:	Γ			
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	,	4) Other (specify below)	- (4)			
	ì	•	` '			
	·					
	(5) Total deductions			7e(5)	
	,	Balance at the end of the current year (subtract e(5) from d)			7 f	

Schedule A (Form 5500) 2011	F	Page 4	
Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting purpor the entire group of such individual contracts with	o of employees of the same emplo oses if such contracts are experie	nce-rated as a unit. Where contra	
efit and contract type (check all applicable boxes)			
Health (other than dental or vision) b	Dental C	Vision	d Life insurance
Temporary disability (accident and sickness) f	Long-term disability g	Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	HMO contract k	PPO contract	I ndemnity contract
Other (specify)	_	—	-
(-1 7)			
erience-rated contracts:			
Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserv	e 9a(3)		
(4) Earned ((1) + (2) - (3))	· · · · · · · · · · · · · · · · · · ·	9a(4)	
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)	
Remainder of premium: (1) Retention charges (on a	n accrual basis)		
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

93623

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

(C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did the insurance company fail to provide any information necessary to complete Schedule A?		Yes	X No	

9c(1)(C)

9c(1)(D) 9c(1)(E)

9c(1)(F)

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