For	m 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be filed u		nd 4065 of the Employe	е	2	2012
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form i	s Open to Public
	enefit Guaranty Corporation	Complete all entries in accordation	nce with the instruc	tions to the Form 5500	0-SF.	113	pection
Part I		lentification Information			0/04/	2010	
	ar plan year 2012 or fisca			8	2/31/2		
	urn/report is for:			an (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:		e final return/report				
			short plan year returr	h/report (less than 12 mo	onths)	_	
C Check b	box if filing under:	Form 5558 a	utomatic extension			DFVC progra	ım
		special extension (enter description)					
Part II		nation—enter all requested information	on				
1a Name	of plan COUNTY MEDICAL SOC				1b	Three-digit plan number	
SPORANE C	OUNT FIMEDICAL SOC	IETT 401(K) PLAN				(PN)	001
					1c	Effective date o	•
	consor's name and addre	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identi	
ORANGE FI	AG BUILDING				2c	Sponsor's telep 509-32	
	A, SUITE 114				2d	Business code (62111	,
	dministrator's name and			Sponsor Address	3b	Administrator's 91-60	EIN 53239
	•	Ian sponsor has changed since the las per from the last return/report.	t return/report filed fo	r this plan, enter the	4b	EIN	
a Sponse	or's name				4c	PN	
5a Total r	number of participants at	the beginning of the plan year			5a		16
b Total r	number of participants at	the end of the plan year			5b		14
		count balances as of the end of the pla			5c		14
_							X Yes No
b Are yo	ou claiming a waiver of th	luring the plan year invested in eligible ne annual examination and report of an	independent qualifie	d public accountant (IQI	PA)		
		See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot					X Yes No
		incomplete filing of this return/repo					
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions, signed by an enrolled actuary, as well	I declare that I have	examined this return/rep	oort, ir	cluding, if applic	
SIGN	Filed with authorized/va		03/08/2013	KAREN HAGENSEN			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ual sic	ning as plan adr	ninistrator
SIGN						, <u> </u>	
HERE	Signature of employe		Date	Enter name of individu			
JODI CALHO RANDALL 8	OUN HURLEY, INC. RSIDE AVE., SUITE 16	ne, if applicable) and address; include i	oom of suite number	(optional)	Prep	barer's telephone	number (optional) -5500
2. 2.0 0 to ()							

7 F	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
a 1	Fotal plan assets	7a	34563	5			427810
b T	Fotal plan liabilities	7b					
CN	Net plan assets (subtract line 7b from line 7a)	7c	34563	5			427810
8 I	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	0-(4)	E 450	4			
	1) Employers	8a(1)	5450 1839				
	2) Participants	8a(2) 8a(3)	1039	9			
	3) Others (including rollovers) Other income (loss)	8b	2798	5			
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2190	5			100995
-	Benefits paid (including direct rollovers and insurance premiums	00					100885
	o provide benefits)	8d	1364	9			
e (Certain deemed and/or corrective distributions (see instructions)	8e					
f /	Administrative service providers (salaries, fees, commissions)	8f	179	7			
g (Other expenses	8g	326	4			
<u>h</u> 1	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					18710
-	Net income (loss) (subtract line 8h from line 8c)	8i					82175
j ī	Transfers to (from) the plan (see instructions)	8j					
	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	lensi		es in the	
Part	V Compliance Questions						
Part 10	•				Yes	No	Amount
10	During the plan year:			10a	Yes	No X	Amount
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	iciary Correc ? (Do not inc	tion Program)	10a 10b	Yes		Amount
10 a b	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Correc ? (Do not inc	tion Program) clude transactions reported		Yes	х	Amount 900
a b c	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	iciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b		х	
10 a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c		x x	
10 a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d		x x x	
10 a b c d e f	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.)	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f		x x x x x	
10 a b c d e f g	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan	iciary Correct ? (Do not inc fidelity bond her persons k of the benefit n? s of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e		x x x x x x	
10 a b c d d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? (If	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g		x x x x x x x x	
10 a b c d d e f g h	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h		x x x x x x x x	
10 a b c d e f f g h i	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	iciary Correct ? (Do not ind fidelity bond fidelity bond fidelity bond fithe benefit n? s of year end (See instruct fice instruct fice required n 1-3 ents? (If "Ye	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ulle SB	900
10 a b c d e f f h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan have any participant loans? (If "Yes," enter amount and If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X X X X Ulle SB	900
10 a b c d e f f h i Part 1	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount are If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? (See instruct (See instruct ne required n 1-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X Iule SB	900
10 a b c d e f f h i Part 11	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all constructions.) Has the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	Sched	X X X X X X X X Iule SB	900
10 a b c d e f f f n i 2art 11 11a 12 a	During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at the sis an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding	iciary Correct ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i 10i	X Sched	X X X X X X X X X 11a 302 of E	900 (Form

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re		of Small Employ	yee	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	H This form is required to be filed	enefit Plan under sections 104 au	nd 4065 of the Employe	е	2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and see Revenue Code (the C	ctions 6057(b) and 6058	B(a) of	This Form is Open to Public Inspection
Pension Benefit Guaranty Corporation	► Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Inspection
Part I Annual Report I	dentification Information				
For calendar plan year 2012 or fise		/01/2012	and ending	1	2/31/2012
A This return/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-participant plan
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year returr	n/report (less than 12 m	onths)	_
C Check box if filing under:	Form 5558	automatic extension			DFVC program
	special extension (enter description	ו)			
Part II Basic Plan Infor	mation—enter all requested informa	tion		I	
1a Name of plan SPOKANE COUNTY MEDIC	AL SOCIETY 401(K) PLAN			F	Three-digit blan number DDN N 001
				· · · · · · · · · · · · · · · · · · ·	(PN) Effective date of plan
					1/01/2002
2a Plan sponsor's name and add SPOKANE COUNTY MEDIC	ress; include room or suite number (er AL SOCIETY	nployer, if for a single-	employer plan)		Employer Identification Number EIN) 91-6053239
ODANCE ETAC DITTIDING					Sponsor's telephone number
ORANGE FLAG BUILDING 104 S. FREYA, SUITE					Business code (see instructions)
SPOKANE	WA 99202			1	521111
3a Plan administrator's name and	d address Same as Plan Sponsor N	ame Same as Plar	Sponsor Address		Administrator's EIN
SPOKANE COUNTY MEDIC					91 - 6053239 Administrator's telephone number
ORANGE FLAG BUILDING 104 S. FREYA, SUITE SPOKANE	114 WA 99202				509-325-5010
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the la ber from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN
a Sponsor's name				4c	PN
5a Total number of participants a	at the beginning of the plan year			<u>5a</u>	16
• •	at the end of the plan year			5b	14
	eccount balances as of the end of the p			5c	14
· · · · · · · · · · · · · · · · · · ·	during the plan year invested in eligibl				
b Are you claiming a waiver of under 29 CFR 2520.104-46?	the annual examination and report of a (See instructions on waiver eligibility a ther line 6a or line 6b, the plan cannot	in independent qualifie and conditions.)	ed public accountant (IC	(PA)	
	r incomplete filing of this return/rep				
Under penalties of periury and oth	er penalties set forth in the instructions d signed by an enrolled actuary, as we	s, I declare that I have	examined this return/re	port, inc	luding, if applicable, a Schedule
	Algener)	3/11/3	KAREN HAGENSE	N	
HERE Signature of plan ac	iminiștrator	Date	Enter name of individ	lual sigr	ning as plan administrator
SIGN					
HERE Signature of employ	ver/plan sponsor	Date			ning as employer or plan sponsor
Jodi Calhoun Randall & Hurley, In		e room or suite numbe	er (optional)	Prepa	arer's telephone number (optional) 509-838-5500
601 W Riverside Ave.					
Spokane	WA 99201	mustions for Form FEAA	er	<u> </u>	Form 5500-SE (2012)

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

Form 5500-SF (2012) v. 120126 Form 5500-SF 2012

Page **2**

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year	.		(b) End o	of Year	
a Total plan assets	7a		5635		(2) 202 2		27810
b Total plan liabilities	7b						
C Net plan assets (subtract line 7b from line 7a)	7c	34	5635			4:	27810
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) To	otal	
a Contributions received or receivable from:		• • • • • • • • • • • • • • • • • • •			(4) ! •		
(1) Employers	8a(1)	5	4501				
(2) Participants	8a(2)	1	.8399				
(3) Others (including rollovers)	8a(3)						
b Other income (loss)	8b	2	7985				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1	00885
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	3649				
e Certain deemed and/or corrective distributions (see instructions)	8e						
f Administrative service providers (salaries, fees, commissions)	8f		1797				
g Other expenses	8g		3264				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						18710
i Net income (loss) (subtract line 8h from line 8c)	8i						82175
j Transfers to (from) the plan (see instructions)	8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension f 2E 2F 2G 2J 2K 2R 3D	feature code	es from the List of Plan Chara	cteristic	Codes in	the instruct	ions:	
b If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Plan Charac	lenslic	oues in a		nis.	
Part V Compliance Questions							
Part V Compliance Questions 10 During the plan year:			Y	es No		Amount	
10 During the plan year:a Was there a failure to transmit to the plan any participant contribution				es No X		Amount	
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? 	ciary Corre ? (Do not in	ction Program)	10a 10b			Amount	
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	ciary Corre ? (Do not in	ction Program)	10a 10b	x x			90000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to 	ciary Corre ? (Do not in fidelity bond	ction Program) Include transactions reported d, that was caused by fraud	10a 10b 10c ²	x x			90000
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?. 	ciary Corre ? (Do not in fidelity bond	ction Program) Include transactions reported d, that was caused by fraud	10a 10b	x x			90000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contributi 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's for the plan is the plan in the plan is the plan have a loss. 	ciary Corre ? (Do not in fidelity bond er persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c ²	x x			90000
 10 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? e Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o 	ciary Corre ? (Do not in fidelity bond er persons of the benef	d, that was caused by fraud by an insurance carrier, its under the plan? (See	10a 10b 10c ² 10d	X X X X			90000
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