

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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 FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1999</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1999	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1999					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 9900 BREN ROAD EAST MINNETONKA, MN 55343	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 52-2230470</td> </tr> <tr> <td>2c Sponsor's telephone number 952-936-1300</td> </tr> <tr> <td>2d Business code (see instructions) 561420</td> </tr> </table>	2b Employer Identification Number (EIN) 52-2230470	2c Sponsor's telephone number 952-936-1300	2d Business code (see instructions) 561420	
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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. Signature of plan administrator	07/29/2013 Date	JAMES COLEMAN Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/29/2013 Date	JAMES COLEMAN Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) AMERICAN UNITED LIFE INSURANCE CO. AMERICAN UNITED LIFE INSURANCE CO. ONE AMERICAN SQUARE, PO BOX 368 INDIANAPOLIS, IN 46206-0368			Preparer's telephone number (optional) 800-261-9618

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																											
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 MEDEX GLOBAL GROUP		4b EIN 52-2230470 4c PN 001																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">200</td> </tr> </table>	5	200																									
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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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="text-align: right;">121</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">52</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">173</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">173</td> </tr> <tr> <td style="text-align: center;">6g</td> <td style="text-align: right;">172</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">10</td> </tr> </table>			6a	121	6b	0	6c	52	6d	173	6e	0	6f	173	6g	172	6h	10									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																										
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H																													
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																													
9a Plan funding arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☒</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☐</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>		(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) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(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)																													
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SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2012 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K 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>FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>52-2230470</u>	

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
<u>35-0145825</u>	<u>60895</u>	<u>G35067</u>	<u>172</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
<u>28126</u>	<u>0</u>

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

METLIFE SECURITIES INC
300 DAVIDSON AVE
EAST WING 3RD FL
SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>28126</u>	<u>0</u>	<u>N/A</u>	<u>3</u>

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(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	649030
5 Current value of plan's interest under this contract in separate accounts at year end	5	4741572

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	688928
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c Additions: (1) Contributions deposited during the year	7c(1)	74197	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	16942	
(4) Transferred from separate account	7c(4)	109285	
(5) Other (specify below)	7c(5)	4309	

▶ **LOAN REPAYMENT**

(6) Total additions	7c(6)	204733
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d Total of balance and additions (add lines 7b and 7c(6))	7d	893661
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	143484	
(2) Administration charge made by carrier	7e(2)	2398	
(3) Transferred to separate account	7e(3)	98749	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	244631
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	649030
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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 line 9c(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, line 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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C Plan sponsor's name as shown on line 2a of Form 5500 <u>FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>52-2230470</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
ALLIANCEBERNSTEIN INVESTMENTS

13-4064930

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

13-3538489

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

95-1411037

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

DREYFUS

13-2603136

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

DWS INVESTMENTS

13-3241232

(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

FIFTH THIRD FUNDS

34-1172683

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

FIRST AMERICAN FUNDS

41-2003732

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

FRANKLIN TEMPLETON INVESTMENTS

94-3382187

(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

INVESCO

74-1881364

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

JANUS CAPITAL GROUP INC

75-3019319

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

LORD ABBETT FUNDS

13-5620131

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIMCO

06-1349805

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

PIONEER INVESTMENTS

13-1961193

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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

THORNBURG INVESTMENT MANAGEMENT

85-0301299

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

TOUCHSTONE

31-1394672

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

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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?
50 37 64 15 52 59 60 63 66 67	SERVICE PROVIDER	1471	Yes ☒ No ☐	Yes ☐ No ☒	16831	Yes ☒ No ☐

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

BENEFIT AUDIT GROUP LLC

521 LARSON COURT SUITE 2A
WESTMINSTER, MD 21157

(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	6000	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	66 67	16831
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> <p>35-0145825</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>ASSET CHARGE</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 52 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ALLIANCEBERNSTEIN INVESTMENTS</p> <p>13-4064930</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>63 60 52 59</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>ALLIANZ GLOBAL INVESTORS</p> <p>13-3538489</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		

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	63 60 52 59	0
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation AMERICAN CENTURY INVESTMENTS 20-2036524 </div> <div style="width: 40%;"> (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 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 63 60 52 59 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS 95-1411037 </div> <div style="width: 40%;"> (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 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 AMERICAN UNITED LIFE INSURANCE CO </div> <div style="width: 20%;"> (b) Service Codes (see instructions) 63 60 52 59 </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation 0 </div> </div> </div>		
<div style="border-top: 1px solid black; padding-top: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation DWS INVESTMENTS 13-3241232 </div> <div style="width: 40%;"> (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 </div> </div> </div>		

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	63 60 52 59	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	63 60 52 59	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.	
FIFTH THIRD FUNDS 34-1172683	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	63 60 52 59	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.	
FIRST AMERICAN FUNDS 41-2003732	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	63 60 52 59	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.	
FRANKLIN TEMPLETON INVESTMENTS 94-3382187	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	63 60 52 59	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	
(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	63 60 52 59	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.	
INVESCO 74-1881364	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	63 60 52 59	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.	
JANUS CAPITAL GROUP INC 75-3019319	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	63 60 52 59	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.	
LORD ABBETT FUNDS 13-5620131	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	63 60 52 59	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.	
ONEAMERICA FUNDS INC. 35-0145825	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	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation OPPENHEIMER FUNDS INC. 13-2527171		
(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	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation PIMCO 06-1349805		
(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	63 60 52 59	0
(d) Enter name and EIN (address) of source of indirect compensation PIONEER INVESTMENTS 13-1961193		
(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	63 60 52 59	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.	
STATE STREET GLOBAL ADVISORS 04-1867445	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	63 60 52 59	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.	
T ROWE PRICE 52-1184650	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	63 60 52 59	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.	
THORNBURG INVESTMENT MANAGEMENT 85-0301299	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	63 60 52 59	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.	
TOUCHSTONE 31-1394672	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>52-2230470</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT II</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN UNITED LIFE INSURANCE CO</u>		
c EIN-PN <u>35-0145825-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4741572</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED	D Employer Identification Number (EIN) 52-2230470	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(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)	116893	113983
	(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)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4540840	4741572
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	688928	649030
	(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	5346661	5504585

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	5346661	5504585
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	162550	
(B) Participants	2a(1)(B)	176858	
(C) Others (including rollovers)	2a(1)(C)	7106	
(2) Noncash contributions	2a(2)	0	346514
(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)	16942	
(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)	8092	
(F) Other	2b(1)(F)	937	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25971
(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
(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

		(a) Amount	(b) Total
(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)		632085
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1004570

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	832466	
(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)		832466
f Corrective distributions (see instructions)	2f		4934
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	6000	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	3246	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9246
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		846646

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		157924
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: **BAKER TILLY VIRCHOW KRAUSE, LLP**

(2) EIN: **39-0859910**

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		14033
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K 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>FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED</u>	D Employer Identification Number (EIN) <u>52-2230470</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FRONTIERMEDEX, INC.
401(K) PLAN
BALTIMORE, MD

Employer ID No: 52-2230470
Plan No: 001

FINANCIAL STATEMENTS

Including Independent Auditors' Report

As of December 31, 2012 and 2011 and for the Year Ended
December 31, 2012

FrontierMEDEX, Inc. 401(K) PLAN

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included as part of these statements are not applicable to the FrontierMEDEX, Inc. 401(k) Plan.

INDEPENDENT AUDITOR'S REPORT

Plan Administrator, Trustee and Participants of the
FrontierMEDEX, Inc. 401(k) Plan
Minnetonka, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the FrontierMEDEX, Inc. 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2012, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by American United Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the 2012 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2012 financial statements. Accordingly, we do not express an opinion on the 2012 financial statements.

Other Matter – Supplemental Schedule

The supplemental schedules identified in the table of contents as of and for the year ended December 31, 2012 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Other Matter – 2011 Financial Statements

The financial statements of the plan as of December 31, 2011, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the custodian. Their report, dated October 9, 2012, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2012

The form and content of the information included in the 2012 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baker Tilly Virchow Krause, LLP
Minneapolis, Minnesota
July 25, 2013

FrontierMEDEX, Inc. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Investments – at fair value:		
Participant-directed investments	\$ 5,390,602	\$ 5,229,768
Receivables		
Notes receivable from participants	113,983	116,893
Employer contributions	<u>110,329</u>	<u>62,910</u>
TOTAL ASSETS	<u>5,614,914</u>	<u>5,409,571</u>
LIABILITIES		
Excess contributions payable	<u>33,309</u>	<u>6,095</u>
TOTAL LIABILITIES	<u>33,309</u>	<u>6,095</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,581,605</u>	<u>\$ 5,403,476</u>

See accompanying notes to financial statements.

FrontierMEDEX, Inc. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2012

ADDITIONS

Additions to net assets attributed to		
Investment Income		
Net appreciation in fair value of investments	\$	632,085
Interest and dividends income		17,879
Contributions		
Participant		143,549
Employer		209,969
Rollover		7,106
Interest income on notes receivable from participants		<u>8,092</u>
Total additions		<u>1,018,680</u>

DEDUCTIONS

Deduction from net assets attributed to		
Benefits paid to participants		831,305
Administrative expenses		<u>9,246</u>
Total deductions		<u>840,551</u>

NET INCREASE 178,129

NET ASSET AVAILABLE FOR BENEFITS

Beginning of year		<u>5,403,476</u>
End of year	\$	<u><u>5,581,605</u></u>

See accompanying notes to financial statements.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 1 - Description of the Plan

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

General

The Plan is a defined contribution plan established by FrontierMEDEX, Inc. ("the Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). There are no age or service requirements for elective deferrals to the Plan. Participants who have completed six months of service and are age twenty one (21) or older are eligible for the Company matching and profit sharing contributions. Effective April 2, 2012, the Plan was frozen to new participation in the Plan and new contributions.

Further, the Plan name was also changed from Medex Global Group 401(k) Plan to FrontierMEDEX, Inc. 401(k) Plan. American United Life Insurance Company ("AUL" or "the Custodian") serves as custodian of the Plan.

Contributions

Prior to the Plan freeze, participants were allowed to contribute an amount up to the maximum dollar amount permissible under the Internal Revenue Code ("the Code"). Elective deferrals include pre-tax deferrals and Roth deferrals.

During 2012, the Company made a discretionary matching contribution to the Plan of 100% of employee contributions for contributions up to 6% of compensation as defined in the Plan document. The Company may, in its discretion, contribute an additional amount to the Plan, to be distributed among participants pro rata based upon compensation within limitations as determined by the Code. No additional discretionary contributions were made for the year ended December 31, 2012.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and plan earnings (net of administrative expenses). Allocations are based on participant's eligible compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

Participants direct the investment of their contributions and Company contributions into a group annuity contract offered by the Plan which contains various pooled separate accounts and an unallocated contract.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 1 - Description of the Plan (cont.)

Vesting

Participants are immediately vested in their salary reduction, rollover contributions, and earnings thereon. Participants who leave the Plan because of death, early or normal retirement, or disability retirement, as defined in the Plan document, are considered 100% vested. Company match and discretionary contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

Less than 2 years	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeited Accounts

As of December 31, 2012, forfeited nonvested accounts totaled \$35,674. There were no forfeited, nonvested accounts as of December 31, 2011. These accounts will be used to reduce future company contributions or certain administrative expenses. Forfeitures are also reallocated to the participants at the end of the Plan year per the AUL prototype basic plan document. For the year ended December 31, 2012, \$8,300 was used for administrative expenses.

Payment of Benefits

Benefit payments may be in the form of a lump sum or substantially equal installments. The Plan allows for automatic lump-sum distributions of participant vested account balances which do not exceed \$5,000. If the lump-sum distributions of participant vested account balances exceed \$5,000, then the participant must consent to the lump-sum distribution. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the Plan document and subject to the IRS safe harbor rules.

Any participant in the Air Routing International, L.P. 401(k) Employee Retirement Plan prior to July 1, 2003 has an annuity payout option available to them.

There are no amounts owed to the participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2012 and 2011.

Termination of Plan

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 1 - Description of the Plan (cont.)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans are secured by the balance in the participant's account. The loans bear interest at 8.00%. Principal and interest is paid ratably through payroll deductions.

Administrative Expenses

The Company pays a portion of the Plan's administrative expenses.

Reclassification

For comparability, certain 2011 amounts have been reclassified to conform with classifications adopted in 2012.

NOTE 2 – Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

Risks and Uncertainties

The Plan has investment securities, which, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition

The Plan's 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. Refer to Note 5 Fair Value of Financial Instruments for details on inputs, valuation techniques and fair value measurement level within the fair value hierarchy.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represents the difference between the sale proceeds and the fair value of the investment as of the beginning of the period or the cost of the investment if purchased during the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 2 – Summary of Significant Accounting Policies (cont.)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Recent Accounting Pronouncements

In May 2011, the FASB issued Accounting Standards Update No. 2011-04, "Fair Value Measurement," which aligns disclosures related to fair value between U.S. GAAP and International Financial Reporting Standards. The standards update includes changes to the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and changes to the disclosure of information about fair value measurements. More specifically, the changes clarify the intent of the FASB regarding the application of existing fair value measurements and disclosures as well as changing some particular principles or requirements for measuring fair value or for disclosing information about fair value measurements. This update was effective for the Plan in 2012. The adoption of this guidance did not have a material impact on the Plan's financial statements.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 – Information Prepared and Certified by Custodian -- Unaudited

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by AUL the Custodian.

	<u>2012</u>	<u>2011</u>
Statements of net assets available for benefits:		
-investments at fair value:		
Participant-directed investments	\$ 5,390,602	\$ 5,229,768
Statement of changes in net assets available for benefits:		
Investment income		
Interest and dividends	17,879	
Net appreciation in fair value of investments	632,085	

Supplemental schedule: All investment balances and information included in the Supplemental Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year).

Note 4: All investment balances and information.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 4 - Investments

The Plan's investments which exceeded 5% of net assets available for benefits as of December 31, 2012 and 2011 are as follows:

	<u>2012</u>	<u>2011</u>
AUL Fixed Account (1)	\$ 649,030	\$ 688,928
Allianz NFJ Dividend Value (1)	293,120	*

*Investment did not exceed 5% of the Plan's net assets available for benefits.

(1) Party-in-interest

During the year ended December 31, 2012, the Plan's investments (including gains and losses on investments bought, sold, and held during the year) appreciated in value as follows:

Pooled Separate Accounts	\$ 632,085
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NOTE 5 - Fair Value of Financial Instruments

The Plan follows accounting principles generally accepted in the United States of America for measuring, reporting, and disclosing fair value. These standards apply to all assets and liabilities that are measured, reported, and/or disclosed on a fair value basis.

As defined in the accounting standards, 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. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Assets and liabilities measured, reported and/or disclosed at fair value will be classified and disclosed in one of the following three categories:

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

Level 2 - Observable market based inputs or unobservable inputs that are corroborated by market data. 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.

Level 3 - Unobservable inputs that are unobservable and not corroborated by market data.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 5 - Fair Value of Financial Instruments (cont.)

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.

The 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, 2012 and 2011.

Pooled separate accounts: Valued in accumulation units which are determined daily and are directly related to the fair market value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the contract.

AUL Fixed Account: Valued at contract value, which approximates fair value, as reported by AUL, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The Company is responsible for the determination of fair value. Accordingly, the Company performs periodic analysis on the prices received from the Custodian used to determine whether the prices are reasonable estimates of fair value. As a result of these reviews, the Company has not historically adjusted the prices obtained from the Custodian. The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Company 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.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 5 - Fair Value of Financial Instruments (cont.)

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy.

December 31, 2012				
	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts				
Large Cap	\$ 1,353,739	\$ -	\$ 1,353,739	\$ -
Mid Cap	201,464	-	201,464	-
Small Cap	411,565	-	411,565	-
Fixed Income	696,480	-	696,480	-
International	741,671	-	741,671	-
Target-Date	888,715	-	888,715	-
Other	447,938	-	447,938	-
Total Pooled Separate Accounts	4,741,572	-	4,741,572	-
AUL Fixed Account	649,030	-	649,030	-
Total Investments	<u>\$ 5,390,602</u>	<u>\$ -</u>	<u>\$ 5,390,602</u>	<u>\$ -</u>

December 31, 2011				
	Total	Level 1	Level 2	Level 3
Pooled Separate Accounts				
Large Cap	\$ 1,321,036	\$ -	\$ 1,321,036	\$ -
Mid Cap	198,507	-	198,507	-
Small Cap	352,177	-	352,177	-
Fixed Income	692,091	-	692,091	-
International	718,128	-	718,128	-
Target-Date	826,730	-	826,730	-
Other	432,171	-	432,171	-
Total Pooled Separate Accounts	4,540,840	-	4,540,840	-
AUL Fixed Account	688,928	-	-	688,928
Total Investments	<u>\$ 5,229,768</u>	<u>\$ -</u>	<u>\$ 4,540,840</u>	<u>\$ 688,928</u>

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 5 - Fair Value of Financial Instruments (cont.)

The changes in Level 3 assets and liabilities measured at fair value on a recurring basis are summarized as follows:

	2012	2011
Balances, beginning of year	\$ 688,928	\$ 845,208
Transfers into Level 3	-	-
Transfers out of Level 3	(688,928)	-
Total gains or losses included in earnings (or changes in net assets)	-	18,205
Purchases, Issuances, sales and settlements		
Purchases	-	88,831
Sales	-	(263,316)
Balances, end of year	<u>\$ -</u>	<u>\$ 688,928</u>

The amount of total gains or losses for the period included in earnings (or changes in net assets) attributable to the change in unrealized gains or losses relating to assets still held at the reporting date

\$ -	\$ 18,205
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In 2012, the interest rate used to calculate fair value of the GIC was based on the average of the seven and ten year U.S. Treasury Notes, which are observable inputs and approximates guaranteed rates offered by issuer of the GIC. In 2011, the interest rate used to calculate fair value of the GIC was based on the average of GIC rates for GICs held by UnitedHealth Group affiliated plans. This change in valuation methodology from unobservable inputs to observable inputs changed the classification of this investment from a Level 3 to a Level 2.

NOTE 6 – Investment Contract with Insurance Company

The Plan has entered into a guaranteed investment contract with 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 as reported to the plan by AUL, which approximates fair value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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 documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options; (3) bankruptcy of the Plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan; or (4) aggregate terminations in any contract year that exceed 20% of the full contract value as determined on the first day of that contract year. 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.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 6 – Investment Contract with Insurance Company (cont.)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were approximately 2.10 and 2.37 percent for 2012 and 2011. The average earnings credited to participants in the plan were 2.36 and 2.00 percent for 2012 and 2011. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1 percent. Such interest rates are reviewed on a quarterly basis for resetting.

NOTE 7 – Net Asset Value (NAV) Per Share

A summary of the Plan's investments with a reported NAV at December 31, 2012 and 2011, is set forth as follows:

Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions ⁽²⁾	Redemption Notice Period
December 31, 2012					
Pooled Separate Accounts ⁽³⁾	\$ 4,741,572	\$ -	Immediate	Various	None
Total	<u>\$ 4,741,572</u>	<u>\$ -</u>			

Investment	Fair Value ⁽¹⁾	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions ⁽²⁾	Redemption Notice Period
December 31, 2011					
Pooled Separate Accounts ⁽³⁾	\$ 4,540,840	\$ -	Immediate	Various	None
Total	<u>\$ 4,540,840</u>	<u>\$ -</u>			

⁽¹⁾ The fair values of the investments are based on the fair values of the underlying investments in the funds.

⁽²⁾ Certain events may cause funds held in the pooled separate account to be deferred, including, but not limited to, the following:

- (i) Participants may execute transfers between the available investment options once per business day without limitation.
- (ii) Participants may transfer any amount from the AUL Fixed Account but may not transfer funds into the account until 90 days have elapsed since the date of the last transfer.
- (iii) If a participant redeems \$5,000 or more from any American Fund, they will be precluded from investing in that fund until 30 calendar days have elapsed since the date of the redemption transaction.

⁽³⁾ The underlying investments in the pooled separate account have various income strategies including total return, growth, income, liquidity, etc.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 8 – Corrective Contributions

In 2011, the Plan recorded a receivable for \$16,747 for an employer match correction. It was discovered that certain participants that became eligible for match in the Plan during 2010 and 2011 and who were contributing greater than 4% only received a total match contribution of 4% even though the Plan matches up to a total of 6% contributed to the Plan. The Plan also had a receivable of \$46,163 attributable to certain pay periods throughout 2008-2011 where participants did not receive their full employee deferral and employer matching contribution, based on the Plan's definition of compensation.

In 2012, the Company noted certain highly compensated employees received distributions that included match contributions in excess of regulatory limits. The Plan recorded a receivable of \$56,864 for these issues as of December 31, 2012.

Also in 2012, it was discovered that certain participants did not receive their full employee deferral and employer matching contribution based on the Plan's definition of compensation. The Plan recorded a receivable of \$53,465 for these issues as of December 31, 2012.

NOTE 9 – Excess Contributions Refundable to Participants

The Plan is subject to certain non-discrimination rules under ERISA and the Code. For the Plan years ended December 31, 2012 and 2011, the Plan failed certain non-discrimination tests under the Code due to lower contribution percentages by non-highly compensated eligible employees relative to the contribution percentages of highly compensated eligible employees. In order to meet the requirements of the non-discrimination rules, the Plan refunded a portion of the contributions made by highly compensated participants, in accordance with applicable provisions of the Code. The refund for 2012 and 2011, paid in the following year, totaled \$33,309 and \$6,095 respectively. The refunds are recorded as "excess contributions payable" in the December 31, 2012 and 2011 statements of net assets available for benefits and have reduced "participants' contributions" on the statement of changes in net assets available for benefits for the year ended December 31, 2012.

NOTE 10 – Party-in-interest

The Plan investments include shares of pooled separate accounts and an unallocated contract managed by the Custodian, therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to the Custodian amounted to \$946 for the year ended December 31, 2012.

NOTE 11 – Tax Status

The Plan is a prototype plan which received an opinion letter on March 31, 2008, in which the Internal Revenue Service stated the prototype plan was in compliance with the applicable requirements of the Code. The prototype plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed in compliance with the applicable requirements of the Code. The Company is aware of certain operational issues impacting the Plan. The Company will take all corrective action necessary and believes the Plan will maintain its qualified status.

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 11 – Tax Status (cont.)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 and 2011 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

NOTE 12 – Form 5500 Reconciliation

	2012	2011
Net assets available for benefits per the financial statements	\$ 5,581,605	\$ 5,403,476
Less Employer contribution receivable	(110,329)	(62,910)
Add excess contribution refundable	33,309	6,095
Net assets available for benefits per the Form 5500	<u>\$ 5,504,585</u>	<u>\$ 5,346,661</u>
Net increase in net assets available for benefits per the financial statements	\$ 178,129	
Add 2011 employer contributions receivable	62,910	
Less 2012 employer contributions receivable	(110,329)	
Less 2011 corrective distributions payable	(6,095)	
Add 2012 corrective distributions payable	33,309	
Net Income per Form 5500	<u>\$ 157,924</u>	
Total participant contributions per the financial statements	\$ 143,549	
Add 2012 corrective distributions payable	33,309	
Total participant contributions per the Form 5500	<u>\$ 176,858</u>	
Total employer contributions per the financial statements	\$ 209,969	
Add 2011 employer contributions receivable	62,910	
Less 2012 employer contributions receivable	(110,329)	
Total employer contributions per the Form 5500	<u>\$ 162,550</u>	
Total distributions per the financial statements	\$ (831,305)	
Add 2011 corrective distributions payable	(6,095)	
Total distributions per the Form 5500	<u>\$ (837,400)</u>	

FrontierMEDEX, Inc. 401(K) Plan

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2012 and 2011 and for the Year Ended December 31, 2012

NOTE 13 - Subsequent Events

The Plan has evaluated subsequent events through July 25, 2013, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

FrontierMEDEX, Inc. 401(K) Plan

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

Plan 001

EIN 52-2230470

For the Year Ended December 31, 2012

(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
	Pooled Separate Accounts issued by American United Life Insurance Company:			
		AllianzGI NFJ Dividend Value	**	\$ 293,120
		PIMCO Total Return	**	265,173
		SSgA S&P 500 Index	**	254,088
		Fidelity Advisor Freedom 2040	**	250,620
		Fidelity Advisor Freedom 2020	**	238,924
		Fidelity Advisor Freedom 2030	**	182,319
		SSgA Russell Small Cap Index	**	158,700
		Thornburg Core Growth	**	153,097
		Fidelity Advisor Leveraged Company Stock	**	149,127
		Pioneer Bond Fund	**	136,850
		American Funds Growth Fund of America	**	136,095
		American Funds Europacific Growth	**	134,256
		Thornburg International Value	**	134,002
		T Rowe Price Equity Income	**	130,502
		Goldman Sachs Equity Growth Strategy	**	128,434
		Thornburg Value	**	122,474
		SSgA International Index	**	121,687
		Pioneer Emerging Markets	**	108,374
		Lord Abbett Developing Growth	**	108,057
		American Funds Amercian High- Income Trust	**	99,411
		Franklin Strategic Income	**	96,993
		American Century Real Estate	**	90,053
		AllianceBernstein International Value	**	89,515
		Fidelity Advisor Freedom 2025	**	86,692
		T Rowe Price Growth Stock	**	82,742
		American Funds Intermediate Bond Fund of America	**	80,801
		Goldman Sachs Mid Cap Value	**	79,987
		Oppenheimer International Bond	**	68,288
		One America Asset Director	**	63,810
		Fidelity Advisor Small Cap	**	62,248
		Fidelity Advisor Freedom 2035	**	53,099

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FrontierMEDEX, Inc. 401(K) Plan

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

Plan 001

EIN 52-2230470

For the Year Ended December 31, 2012

(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
	Pooled Separate Accounts issued by American United Life Insurance Company:			
		Invesco Energy	**	50,979
		American Funds Capital World Growth & Income	**	47,304
		Fidelity Advisor Freedom 2015	**	45,120
*		One America Socially Responsive	**	44,153
		Nuveen Mid Cap Value	**	43,904
		Oppenheimer Main Street Small & Mid Cap	**	40,880
		T Rowe Price International Stock	**	38,245
		Janus Forty	**	37,531
		SSgA S&P Midcap 400 Index Strategy	**	36,646
		Lord Abbett Growth Opportunities	**	29,494
		Invesco Global Health Care	**	29,345
		Touchstone Value	**	21,750
		AllianceBernstein Discovery Value	**	19,791
		Invesco Small Cap Growth	**	18,177
		Pioneer High Yield Fund	**	17,252
		Fidelity Advisor Freedom 2010	**	14,751
		AllianceBernstein Value Fund	**	14,377
		Fidelity Advisor Freedom 2050	**	12,516
		Invesco Mid Cap Core Equity	**	11,433
		Fidelity Advisor Freedom 2045	**	4,674
		DWS Dreman Small Cap Value	**	3,712
				<u>4,741,572</u>
		OTHER INVESTMENTS		
*		American United Life Fixed Account	**	649,030
*		Notes Receivable from Participants (interest rate at 8.00% with maturities from February 2013 to September 2017)	\$-	<u>113,983</u>
		TOTAL INVESTMENTS		<u>\$ 5,504,585</u>

* Represents a party-in-interest

** Cost omitted for participant directed investments

FrontierMEDEX, Inc. 401(K) Plan

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Plan 001

EIN 52-2230470

For the Year Ended December 31, 2012

Check here if participant loan repayments are included	Contributions not corrected	Contributions corrected outside the VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
✓		\$14,033		

Schedule C Attachment for Line Item 3(e)

Plan Name **G35067 FRONTIER MEDEX INC. 401K PLAN**
Plan Number **001** **Plan Year End** **12/31/2012**
EIN **52-2230470**

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
ALLIANCEBERNSTEIN	AllBern Discovery Val R	0.60
ALLIANCEBERNSTEIN	AllBern Val Fd R	0.60
ALLIANCEBERNSTEIN	AllBern Intl Val Fd R	0.60
ALLIANZ	AllianzGI NFJ Dividend Val R	0.65
AMERICAN CENTURY	AmerCent RealEstate A	0.60
AMERICAN FUNDS	AmerFds EuroPac Grth R3	0.60
AMERICAN FUNDS	AmerFds Amer High Inc Trust R3	0.60
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R3	0.60
AMERICAN FUNDS	AmerFds Inter Bond Fd Amer R3	0.60
AMERICAN FUNDS	AmerFds Grth Fd of America R3	0.60
DWS	DWS Small Cap Value A	0.55
FIDELITY	Fidelity Adv SmCap T	0.60
FIDELITY	Fidelity Adv Lev Comp Stock T	0.60
FIDELITY	Fidelity Adv Freedom 2045 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2050 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2010 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2015 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2020 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2025 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2030 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2035 Fd T	0.60

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY	Fidelity Adv Freedom 2040 Fd T	0.60
FIDELITY	Fidelity Adv Freedom 2055 T	0.60
FIFTH THIRD	Fifth Third All Cap Value	0.35
FRANKLIN/TEMPLETON	Franklin Strat Inc R3	0.65
GOLDMAN SACHS	GoldmanSachs Grth Strat S	0.60
GOLDMAN SACHS	GoldmanSachs MidCap Val S	0.60
INVESCO	Invesco MidCap Core Eqty R	0.70
INVESCO	Invesco SmCap Grth R	0.70
INVESCO	Invesco Energy Fd A	0.60
INVESCO	Invesco Global Health Care A	0.45
JANUS	Janus Forty R	0.75
LORD ABBETT	Lord Abbett Dev Grth P	0.60
LORD ABBETT	Lord Abbett Grth Ops P	0.60
NUVEEN	Nuveen MidCap Val R	0.75
ONEAMERICA FUNDS	OneAmerica Asset Director Adv	0.30
ONEAMERICA FUNDS	OneAmerica Socially Resp Adv	0.30
OPPENHEIMER	Oppenheimer Main St SMidCap N	0.60
OPPENHEIMER	Oppenheimer Intl Bond Fd N	0.60
PIMCO	PIMCO Total Return R	0.60
PIONEER	Pioneer Small Cap Value Fund	0.75
PIONEER	Pioneer Bond Fd R	0.75
PIONEER	Pioneer High Yield Fd R	0.75
PIONEER	Pioneer Emerging Mkts A	0.60
STATE STREET	SSgA S&P 500 Indx I	0.60
STATE STREET	SSgA S&P MidCap 400 Indx A	0.62
STATE STREET	SSgA Russell SmCap Indx I	0.62
STATE STREET	SSgA Intl Indx I	0.60
T. ROWE PRICE	TRowePrice Eqty Inc R	0.65
T. ROWE PRICE	TRowePrice Grth Stock R	0.65
T. ROWE PRICE	TRowePrice Intl Stock R	0.65
THORNBURG	Thornburg Core Grth R3	0.70
THORNBURG	Thornburg Intl Val R3	0.70
THORNBURG	Thornburg Val R3	0.70
TOUCHSTONE	Touchstone Val A	0.35

Plan Type 1 401PS

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ EIN 52-02230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	ALLIANCEBERNSTEIN INVESTMENTS	ALLBERN DISCOVERY VAL R MUTUAL FUND SHARES	0	19,791
	ALLIANCEBERNSTEIN INVESTMENTS	ALLBERN INTL VAL FD R MUTUAL FUND SHARES	0	89,515
	ALLIANCEBERNSTEIN INVESTMENTS	ALLBERN VAL FD R MUTUAL FUND SHARES	0	14,377
	ALLIANZ GLOBAL INVESTORS	ALLIANZGI NFJ DIVIDEND VAL R MUTUAL FUND SHARES	0	293,120
	AMERICAN CENTURY INVESTMENTS	AMERCENT REALESTATE A MUTUAL FUND SHARES	0	90,053
	AMERICAN FUNDS	AMERFDS AMER HIGH INC TRUST R3 MUTUAL FUND SHARES	0	99,411
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH & INC R3 MUTUAL FUND SHARES	0	47,304

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ ~~52A~~ 2230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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 FUNDS	AMERFDS EUROPAC GRTH R3 MUTUAL FUND SHARES	0	134,256
	AMERICAN FUNDS	AMERFDS GRTH FD OF AMERICA R3 MUTUAL FUND SHARES	0	136,095
	AMERICAN FUNDS	AMERFDS INTER BOND FD AMER R3 MUTUAL FUND SHARES	0	80,801
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	649,030
	DWS INVESTMENTS	DWS DREMAN SMCAP VAL A MUTUAL FUND SHARES	0	3,712
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2020 FD T MUTUAL FUND SHARES	0	238,924
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2025 FD T MUTUAL FUND SHARES	0	86,692

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ ~~52A~~ 2230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2030 FD T MUTUAL FUND SHARES	0	182,319
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2015 FD T MUTUAL FUND SHARES	0	45,120
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2035 FD T MUTUAL FUND SHARES	0	53,099
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2045 FD T MUTUAL FUND SHARES	0	4,674
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2040 FD T MUTUAL FUND SHARES	0	250,620
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2050 FD T MUTUAL FUND SHARES	0	12,516
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2010 FD T MUTUAL FUND SHARES	0	14,751

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ ~~52A~~ 2230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	FIDELITY INVESTMENTS	FIDELITY ADV LEV COMP STOCK T MUTUAL FUND SHARES	0	149,127
	FIDELITY INVESTMENTS	FIDELITY ADV SMCAP T MUTUAL FUND SHARES	0	62,248
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN STRAT INC R3 MUTUAL FUND SHARES	0	96,993
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS GRTH STRAT S MUTUAL FUND SHARES	0	128,434
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMANSACHS MIDCAP VAL S MUTUAL FUND SHARES	0	79,987
	INVESCO	INVESCO ENERGY FD A MUTUAL FUND SHARES	0	50,979
	INVESCO	INVESCO GLOBAL HEALTH CARE A MUTUAL FUND SHARES	0	29,345

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ EIN 52-02230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	INVESCO	INVESCO MIDCAP CORE EQTY R MUTUAL FUND SHARES	0	11,433
	INVESCO	INVESCO SMCAP GRTH R MUTUAL FUND SHARES	0	18,177
	JANUS CAPITAL GROUP INC	JANUS FORTY R MUTUAL FUND SHARES	0	37,531
	PARTICIPANTS	LOANS 8% TO 8.75%	0	113,983
	LORD ABBETT FUNDS	LORD ABBETT DEV GRTH P MUTUAL FUND SHARES	0	108,057
	LORD ABBETT FUNDS	LORD ABBETT GRTH OPS P MUTUAL FUND SHARES	0	29,494
	FIRST AMERICAN FUNDS	NUVEEN MIDCAP VAL R MUTUAL FUND SHARES	0	43,904

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ EIN 52-02230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
*	ONEAMERICA FUNDS INC.	ONEAMERICA ASSET DIRECTOR ADV MUTUAL FUND SHARES	0	63,810
*	ONEAMERICA FUNDS INC.	ONEAMERICA SOCIALLY RESP ADV MUTUAL FUND SHARES	0	44,153
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTL BOND FD N MUTUAL FUND SHARES	0	68,288
	OPPENHEIMER FUNDS INC.	OPPENHEIMER MAIN ST SMIDCAP N MUTUAL FUND SHARES	0	40,880
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	265,173
	PIONEER INVESTMENTS	PIONEER BOND FD R MUTUAL FUND SHARES	0	136,850
	PIONEER INVESTMENTS	PIONEER EMERGING MKTS A MUTUAL FUND SHARES	0	108,373

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP ~~401K~~ EIN 52-02230470

Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	PIONEER INVESTMENTS	PIONEER HIGH YIELD FD R MUTUAL FUND SHARES	0	17,252
	STATE STREET GLOBAL ADVISORS	SSGA INTL INDX I MUTUAL FUND SHARES	0	121,687
	STATE STREET GLOBAL ADVISORS	SSGA RUSSELL SMCAP INDX I MUTUAL FUND SHARES	0	158,700
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDX I MUTUAL FUND SHARES	0	254,088
	STATE STREET GLOBAL ADVISORS	SSGA S & P MIDCAP 400 INDX A MUTUAL FUND SHARES	0	36,646
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG CORE GRTH R3 MUTUAL FUND SHARES	0	153,097
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTL VAL R3 MUTUAL FUND SHARES	0	134,002

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FRONTIERMEDEX INC. 401K PLAN FORMERLY MEDEX GLOBAL GROUP 401K PLAN 02230470
Plan Sponsor's Name FRONTIERMEDEX INC. C/O UNITEDHEALTH GROUP INCORPORATED 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
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG VAL R3 MUTUAL FUND SHARES	0	122,474
	TOUCHSTONE	TOUCHSTONE VAL A MUTUAL FUND SHARES	0	21,750
	T ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	130,502
	T ROWE PRICE	TROWEPRICE GRTH STOCK R MUTUAL FUND SHARES	0	82,742
	T ROWE PRICE	TROWEPRICE INTL STOCK R MUTUAL FUND SHARES	0	38,245

FrontierMEDEX, Inc. 401(K) Plan

Schedule H, Line 4a, Schedule of Delinquent Participant Contributions

Plan 001

EIN 52-2230470

For the Year Ended December 31, 2012

Check here if participant loan repayments are included	Contributions not corrected	Contributions corrected outside the VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
✓		\$14,033		