

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                            |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>01/01/2013</u> |                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                                          |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                  |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                    |                                                              |                                                      |                                                      |  |
| <b>1a</b> Name of plan<br>HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER EMPLOYEES PENSION PLAN                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>10/01/1965</td> </tr> </table>                 | <b>1b</b> Three-digit plan number (PN) ▶                     | 002                                                  | <b>1c</b> Effective date of plan<br>10/01/1965       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                         | 002                                                                                                                                                                                                                                                                                                               |                                                              |                                                      |                                                      |  |
| <b>1c</b> Effective date of plan<br>10/01/1965                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br>HOLZER HOSPITAL FOUNDATION<br>HOLZER MEDICAL CENTER<br><br>100 JACKON PIKE<br>GALLIPOLIS, OH 45631-1560 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>31-4379491</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/>740-446-5105</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>622000</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>31-4379491 | <b>2c</b> Sponsor's telephone number<br>740-446-5105 | <b>2d</b> Business code (see instructions)<br>622000 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>31-4379491                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>740-446-5105                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>622000                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |

**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.

|                                                                                                                                                                                                                                                            |                                                                                         |                    |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of plan administrator    | 10/15/2013<br>Date | LISA HALLEY<br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                           | Filed with authorized/valid electronic signature.<br>Signature of employer/plan sponsor | 10/15/2013<br>Date | LISA HALLEY<br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                           | 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)<br>AMERICAN UNITED LIFE INSURANCE COMP<br>AMERICAN UNITED LIFE INSURANCE COMP<br>ONE AMERICAN SQUARE, PO BOX 368<br>INDIANAPOLIS, IN 46206-0368 |                                                                                         |                    | Preparer's telephone number (optional)<br>800-261-9618                      |

|                                                                                                                                                                                        |                                                                                              |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                    |                                                                                              | <b>3b</b> Administrator's EIN                                                                               |
|                                                                                                                                                                                        |                                                                                              | <b>3c</b> Administrator's telephone number                                                                  |
|                                                                                                                                                                                        |                                                                                              |                                                                                                             |
| <b>4</b> 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: |                                                                                              | <b>4b</b> EIN                                                                                               |
| <b>a</b> Sponsor's name                                                                                                                                                                |                                                                                              | <b>4c</b> PN                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>1450</span> </div> |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                 |                                                                                              |                                                                                                             |
| <b>a</b> Active participants.....                                                                                                                                                      |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6a</b></span> <span>0</span> </div>   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                     |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>0</span> </div>   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                      |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>0</span> </div>   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                               |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>0</span> </div>   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                              |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>0</span> </div>   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                         |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>0</span> </div>   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                             |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>0</span> </div>   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                   |                                                                                              | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span></span> </div>     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2C  2F  2G  2K  2T     |                                                                                              |                                                                                                             |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                            |                                                                                              |                                                                                                             |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                              |                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)                                                   |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                                                                                                                               | <b>(1)</b> <input type="checkbox"/> Insurance                                                |                                                                                                             |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                         | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |                                                                                                             |
| <b>(3)</b> <input type="checkbox"/> Trust                                                                                                                                              | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                         |                                                                                                             |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                            |                                                                                                             |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                      |                                                                                              |                                                                                                             |
| <b>a Pension Schedules</b>                                                                                                                                                             |                                                                                              | <b>b General Schedules</b>                                                                                  |
| <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                             | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |                                                                                                             |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |                                                                                                             |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                | <b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)     |                                                                                                             |
|                                                                                                                                                                                        | <b>(4)</b> <input type="checkbox"/> <b>C</b> (Service Provider Information)                  |                                                                                                             |
|                                                                                                                                                                                        | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |                                                                                                             |
|                                                                                                                                                                                        | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |                                                                                                             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2012 or fiscal plan year beginning **01/01/2013** and ending **01/01/2013**

|                                                                                                             |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER EMPLOYEES PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ►                            | <b>002</b> |
|                                                                                                             |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOLZER HOSPITAL FOUNDATION</b>          | <b>D</b> Employer Identification Number (EIN)<br><b>31-4379491</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

**AMERICAN UNITED LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 35-0145825 | 60895         | G62054                                | 0                                                                           | 01/01/2013              | 01/01/2013 |

**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 |
| 0                                    | 0                             |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |   |
|--------------------------------------------------------------------------------------------------------|----------|---|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 0 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 0 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 29297806 |
|--------------------------------------------------------|-----------|----------|

|                                                                       |              |      |  |
|-----------------------------------------------------------------------|--------------|------|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 0    |  |
| (2) Dividends and credits .....                                       | <b>7c(2)</b> | 0    |  |
| (3) Interest credited during the year .....                           | <b>7c(3)</b> | 3147 |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> | 0    |  |
| (5) Other (specify below) .....                                       | <b>7c(5)</b> | 0    |  |
| ▶                                                                     |              |      |  |

|                           |              |      |
|---------------------------|--------------|------|
| (6) Total additions ..... | <b>7c(6)</b> | 3147 |
|---------------------------|--------------|------|

|                                                                                       |           |          |
|---------------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 29300953 |
|---------------------------------------------------------------------------------------|-----------|----------|

**e Deductions:**

|                                                                                 |              |          |  |
|---------------------------------------------------------------------------------|--------------|----------|--|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 0        |  |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 0        |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> | 0        |  |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 29300953 |  |
| ▶ <b>TRANSFER TO OUTSIDE SOURCE</b>                                             |              |          |  |

|                            |              |          |
|----------------------------|--------------|----------|
| (5) Total deductions ..... | <b>7e(5)</b> | 29300953 |
|----------------------------|--------------|----------|

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------------------|-----------|---|

**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:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 01/01/2013                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| A Name of plan<br>HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER EMPLOYEES PENSION PLAN                                                                                         |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                            |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HOLZER HOSPITAL FOUNDATION                                                                                           |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>31-4379491                                            |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT II                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO                                                                                                          |  |                                                                                                                                                                                                                                   |  |                                                                                                 |  |
| c EIN-PN 35-0145825-000                                                                                                                                                               |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0  |  |
| 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)    |  |

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

Schedule D (Form 5500) 2012 v. 120126

**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                             |                                                                        |            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2013</b> and ending <b>01/01/2013</b>    |                                                                        |            |
| <b>A</b> Name of plan<br><b>HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER EMPLOYEES PENSION PLAN</b> | <b>B</b> Three-digit plan number (PN) ►                                | <b>002</b> |
|                                                                                                             |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>HOLZER HOSPITAL FOUNDATION</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>31-4379491</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 24675763              | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 29297806              | 0               |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 53973569              | 0               |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |   |
|-----------------------------------------------------------|-----------|----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 53973569 | 0 |
|-----------------------------------------------------------|-----------|----------|---|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 3147       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 3147      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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) |            | 0         |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3147      |

**Expenses**

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

**Net Income and Reconciliation**

|                                                         |       |  |          |
|---------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 3147     |
| l Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                   | 2l(1) |  | 0        |
| (2) From this plan .....                                | 2l(2) |  | 53976716 |

**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: **PLANTE & MORAN**

(2) EIN: **38-1357951**

**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  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | X   |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | X   |    |        |
| <b>n</b> 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. ....                                      | X   |    |        |

**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)

HOLZER HEALTH SYSTEM 401A PROFIT SHARING PLAN

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 31-1156690   | 001         |
|              |             |
|              |             |
|              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

**Holzer Hospital Foundation  
d/b/a Holzer Medical Center  
Employees' Pension Plan**

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**Financial Report  
January 1, 2013**

# **Holzer Hospital Foundation**

## **d/b/a Holzer Medical Center Employees' Pension Plan**

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## Independent Auditor's Report

To the Audit Committee and Board of Directors  
Holzer Hospital Foundation d/b/a Holzer Medical  
Center Employees' Pension Plan

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of January 1, 2013 and December 31, 2012 and 2011 and the related statement of changes in net assets available for benefits for January 1, 2013 and for the year ended December 31, 2012, 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 audits 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 (ERISA), 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 "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of January 1, 2013 and December 31, 2012 and 2011 and for January 1, 2013 and for the year ended December 31, 2012 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Audit Committee and Board of Directors  
Holzer Hospital Foundation d/b/a Holzer Medical  
Center Employees' Pension Plan

***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 evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Emphasis of Matter***

As explained in Note 6, the financial statements include investments valued at approximately \$29,300,000 (54 percent of net assets) at December 31, 2012 and \$26,800,000 (54 percent of net assets) at December 31, 2011, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by American United Life Insurance Company. Our opinion is not modified with respect to this matter.

***Other Matter***

The supplemental schedule of assets held at end of year as of December 31, 2012 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

*Plante & Morse, PLLC*

Columbus, Ohio  
September 20, 2013

# **Holzer Hospital Foundation**

## **d/b/a Holzer Medical Center Employees' Pension Plan**

### **Statement of Net Assets Available for Benefits**

|                                          | January 1,<br>2013 | December 31,<br>2012 | December 31,<br>2011 |
|------------------------------------------|--------------------|----------------------|----------------------|
| <b>Assets</b>                            |                    |                      |                      |
| Participant-directed investments:        |                    |                      |                      |
| Mutual funds                             | \$ -               | \$ 19,527,463        | \$ 18,203,328        |
| Registered investment companies          | -                  | 5,148,300            | 5,069,395            |
| General insurance accounts               | -                  | 29,297,806           | 26,802,256           |
| Total participant-directed investments   | -                  | 53,973,569           | 50,074,979           |
| Employer contribution receivable         | -                  | -                    | 7,172                |
| <b>Net Assets Available for Benefits</b> | <b>\$ -</b>        | <b>\$ 53,973,569</b> | <b>\$ 50,082,151</b> |

# Holzer Hospital Foundation

## d/b/a Holzer Medical Center Employees' Pension Plan

### Statement of Changes in Net Assets Available for Benefits

|                                                                                             | January 1,<br>2013 | Year Ended<br>December 31,<br>2012 |
|---------------------------------------------------------------------------------------------|--------------------|------------------------------------|
| <b>Additions to Net Assets</b>                                                              |                    |                                    |
| Contributions:                                                                              |                    |                                    |
| Employer                                                                                    | \$ -               | \$ 2,988,071                       |
| Rollovers                                                                                   | -                  | 47,309                             |
| Other - Waiver of premium                                                                   | -                  | 38,308                             |
| Total contributions                                                                         | -                  | 3,073,688                          |
| Investment income:                                                                          |                    |                                    |
| Interest income                                                                             | 3,147              | 1,075,062                          |
| Net realized and unrealized gains on investments:                                           |                    |                                    |
| Mutual funds                                                                                | -                  | 2,712,671                          |
| Registered investment companies                                                             | -                  | 378,435                            |
| Net realized and unrealized gains                                                           | -                  | 3,091,106                          |
| Total investment income                                                                     | 3,147              | 4,166,168                          |
| Total additions                                                                             | 3,147              | 7,239,856                          |
| <b>Deductions from Net Assets</b> - Benefits paid directly to participants or beneficiaries | -                  | 3,348,438                          |
| <b>Net Increase Before Other Changes</b>                                                    | 3,147              | 3,891,418                          |
| <b>Transfers Out</b> (Note 7)                                                               | (53,976,716)       | -                                  |
| <b>Net (Decrease) Increase</b>                                                              | (53,973,569)       | 3,891,418                          |
| <b>Net Assets Available for Benefits</b>                                                    |                    |                                    |
| Beginning of year                                                                           | 53,973,569         | 50,082,151                         |
| End of year                                                                                 | <u>\$ -</u>        | <u>\$ 53,973,569</u>               |

# **Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan**

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## **Notes to Financial Statements January 1, 2013 and December 31, 2012 and 2011**

### **Note 1 - Plan Description**

The following description of Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory defined contribution plan which covers all Holzer Medical Center (the "Hospital") employees who meet certain requirements as to age and length of service and provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees are eligible to participate in the Plan upon reaching 21 years of age and completing two years of credited service, as defined in the plan agreement. The Plan was merged into a new plan created by the plan sponsor during 2013 (see Note 7).

**Contributions** - Contributions to the Plan are invested as directed by the participants in any one or more investment alternatives. For participants of the Plan employed prior to August 1, 2005, the Hospital contributes 8 percent of each participant's eligible compensation. The Hospital also makes a matching contribution under the Plan equal to 100 percent of the participant's salary reduction contributions made to the tax-deferred annuity plan up to a maximum matching contribution of 2 percent of the participant's compensation. For participants of the Plan employed after August 1, 2005, the Hospital contributes 3 percent of eligible compensation. In addition, upon the third anniversary of enrollment into the Plan, the Hospital makes a matching contribution of 50 percent of the participant's salary reduction contribution made to the tax-deferred annuity plan up to a maximum matching contribution of 3 percent of the participant's compensation. As of January 1, 2010, the plan sponsor froze both employer fixed and matching contributions. The plan sponsor amended the Plan effective August 1, 2011, reinstating employer fixed and matching contributions to the Plan. Employer rollover contributions are also allowed under the Plan.

**Participant Accounts** - Each participant's account is credited with the participant's contribution and allocations of the Hospital's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

**Vesting** - Each participant of the Hospital shall be 100 percent vested in all contributions and earnings thereon upon participation in the Plan.

# **Holzer Hospital Foundation**

## **d/b/a Holzer Medical Center Employees' Pension Plan**

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### **Notes to Financial Statements**

#### **January 1, 2013 and December 31, 2012 and 2011**

#### **Note 1 - Plan Description (Continued)**

**Payment of Benefits** - The Plan allows participants to select optional forms of payment upon early retirement or normal retirement as stipulated in the plan agreement. A participant could select a lump-sum payment or purchase an annuity that would provide a monthly retirement benefit for life (or other specified period of time), and this annuity payment may continue to a spouse or other beneficiary upon the employee's death. A terminated participant may leave the monies invested until a later time, receive a lump-sum payout, or roll over the monies into another qualified plan.

**Termination** - While it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan agreement and ERISA. Upon termination of the Plan, participants remain 100 percent vested in their account balances.

**Party-in-interest Transactions** - Certain plan assets are in investment funds managed by American United Life Insurance Company or its affiliates. American United Life Insurance Company is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

#### **Note 2 - Summary of Significant Accounting Policies**

**Investment Valuation** - The Plan's investments are stated at fair value. The general insurance accounts are group annuity contracts with American United Life Insurance Company (AUL) that invests in the general assets of AUL. AUL considers these contracts to be benefit-responsive; however, since there are not specific securities in AUL's general account related to these contracts and due to the contract terms, including the frequency of the interest rate reset intervals, contract value approximates fair value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The registered investment companies are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. All other investments are valued based on quoted market prices (including mutual funds when there are other investments). See Note 6 for additional information. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**Benefit Payments** - Benefits are recorded when paid.

# **Holzer Hospital Foundation**

## **d/b/a Holzer Medical Center Employees' Pension Plan**

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### **Notes to Financial Statements**

#### **January 1, 2013 and December 31, 2012 and 2011**

#### **Note 2 - Summary of Significant Accounting Policies (Continued)**

**Administrative Expenses** - Administrative expenses of \$14,500 for the years ended December 31, 2012 and 2011 were paid by the Hospital. Administrative expenses for January 1, 2013 were \$0.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

**Risks and Uncertainties** - The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Subsequent Events** - The financial statements and related disclosures include evaluation of events up through and including September 20, 2013, which is the date the financial statements were available to be issued.

#### **Note 3 - Unaudited Information**

AUL, as trustee, holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by AUL.

#### **Note 4 - General Insurance Accounts**

The Plan invests in benefit-responsive investment contracts with AUL. AUL maintains the contributions in general insurance accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the Plan.

Interest rates are established and declared for new contributions that will be received in a calendar quarter. The rate is based on the return AUL expects on new investments made and held in the AUL general insurance account. When establishing interest credit rates for these contracts, AUL considers past general account investments, adjusted for portfolio turnover, and withdrawals for benefit payments. The crediting rate will always equal or exceed the contractually guaranteed rate of 3 percent for the AUL Fixed Fund.

# **Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan**

## **Notes to Financial Statements January 1, 2013 and December 31, 2012 and 2011**

### **Note 4 - General Insurance Accounts (Continued)**

Generally, there are not any events that could limit the ability of the Plan to transact at contract value or in rare circumstances, contract value paid over time. There are not any events that allow the issuer to terminate the contract or which require the plan sponsor to settle an amount different than the contract value.

As described in Note 2, because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the investment contract. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Liquidation of the entire contract may cause a one-time adjustment to the aggregate contract value, resulting in fair value different from the contract value. This total liquidation is a contingent event, which cannot be initiated by the plan trustee upon termination of the Plan or complete termination of the contract. As described in Note 7, the contract was transferred with the other assets; therefore, a liquidation of the contract is not applicable.

Average yields for the general investment account are as follows:

|                                        | 2012  | 2011  |
|----------------------------------------|-------|-------|
| Average yield earned by the Plan       | 4.00% | 4.01% |
| Average yield credited to participants | 4.00% | 4.01% |

### **Note 5 - Tax Status**

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2009.

# **Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan**

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## **Notes to Financial Statements January 1, 2013 and December 31, 2012 and 2011**

### **Note 6 - Fair Value Measurements**

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2012 and 2011 and the valuation techniques used by the Plan to determine those fair values. There were no assets measured at fair value on a recurring basis at January 1, 2013.

**Level 1** - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

**Level 2** - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

**Level 3** - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

**Restatement** - Due to a re-evaluation of the significance of the inputs used in the valuation of the general insurance contracts, it was determined that these investments previously classified as Level 3 should have been classified as Level 2 based on the fair value hierarchy. Accordingly, the 2011 fair value disclosure has been updated to reflect this change.

# Holzer Hospital Foundation

## d/b/a Holzer Medical Center Employees' Pension Plan

### Notes to Financial Statements

#### January 1, 2013 and December 31, 2012 and 2011

#### Note 6 - Fair Value Measurements (Continued)

##### Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

|                                                       | Level 1              | Level 2              | Level 3     | Balance at<br>December 31,<br>2012 |
|-------------------------------------------------------|----------------------|----------------------|-------------|------------------------------------|
| Mutual Funds:                                         |                      |                      |             |                                    |
| Fidelity VIP Growth                                   | \$ 1,471,414         | \$ -                 | \$ -        | \$ 1,471,414                       |
| Fidelity VIP Overseas                                 | 557,855              | -                    | -           | 557,855                            |
| Fidelity VIP Contrafund                               | 1,703,820            | -                    | -           | 1,703,820                          |
| Alger American Growth                                 | 1,939,208            | -                    | -           | 1,939,208                          |
| State Street Equity 500 Index                         | 2,640,498            | -                    | -           | 2,640,498                          |
| T. Rowe Price Equity Income                           | 997,965              | -                    | -           | 997,965                            |
| American Century Strategic Allocation Moderate        | 2,157,153            | -                    | -           | 2,157,153                          |
| American Century Heritage                             | 1,243,901            | -                    | -           | 1,243,901                          |
| American Century Strategic Allocation Aggressive      | 842,523              | -                    | -           | 842,523                            |
| American Funds Capital World Growth & Income          | 2,335,284            | -                    | -           | 2,335,284                          |
| Vanguard Variable Insurance Fund Small Company<br>Gro | 470,265              | -                    | -           | 470,265                            |
| American Funds EuroPacific Growth R4                  | 12,024               | -                    | -           | 12,024                             |
| Goldman Sachs Mid Cap Value                           | 259,040              | -                    | -           | 259,040                            |
| Goldman Sachs Small Cap Value                         | 435,182              | -                    | -           | 435,182                            |
| Columbia Seligman Communications and<br>Information F | 111,191              | -                    | -           | 111,191                            |
| Invesco Small Cap Growth A                            | 188,742              | -                    | -           | 188,742                            |
| Prudential High-Yield Z                               | 1,036,493            | -                    | -           | 1,036,493                          |
| American Century Ginnie Mae A                         | 19                   | -                    | -           | 19                                 |
| American Century Real Estate                          | 247,788              | -                    | -           | 247,788                            |
| PIMCO Total Return Admin                              | 557,881              | -                    | -           | 557,881                            |
| T. Rowe Price Retirement 2015 Adv                     | 7,135                | -                    | -           | 7,135                              |
| T. Rowe Price Retirement 2020 Adv                     | 38,512               | -                    | -           | 38,512                             |
| T. Rowe Price Retirement 2025 Adv                     | 167,845              | -                    | -           | 167,845                            |
| T. Rowe Price Retirement 2030 Adv                     | 20,725               | -                    | -           | 20,725                             |
| T. Rowe Price Retirement 2035 Adv                     | 541                  | -                    | -           | 541                                |
| T. Rowe Price Retirement 2040 Adv                     | 66,509               | -                    | -           | 66,509                             |
| T. Rowe Price Retirement 2045 Adv                     | 449                  | -                    | -           | 449                                |
| T. Rowe Price Retirement 2050 Adv                     | 286                  | -                    | -           | 286                                |
| T. Rowe Price Retirement 2055 Adv                     | 2,255                | -                    | -           | 2,255                              |
| T. Rowe Price Retirement Income Adv                   | 14,960               | -                    | -           | 14,960                             |
| Registered investment companies:                      |                      |                      |             |                                    |
| OneAmerica Investment Grade Bond (1)                  | -                    | 1,366,206            | -           | 1,366,206                          |
| OneAmerica Value (2)                                  | -                    | 1,539,614            | -           | 1,539,614                          |
| OneAmerica Asset Director (3)                         | -                    | 1,506,685            | -           | 1,506,685                          |
| OneAmerica Money Market (4)                           | -                    | 735,795              | -           | 735,795                            |
| General insurance accounts:                           |                      |                      |             |                                    |
| AUL Fixed Fund                                        | -                    | 17,127,803           | -           | 17,127,803                         |
| Alternate Fixed Account                               | -                    | 12,170,003           | -           | 12,170,003                         |
| Total                                                 | <u>\$ 19,527,463</u> | <u>\$ 34,446,106</u> | <u>\$ -</u> | <u>\$ 53,973,569</u>               |

# Holzer Hospital Foundation

## d/b/a Holzer Medical Center Employees' Pension Plan

### Notes to Financial Statements

#### January 1, 2013 and December 31, 2012 and 2011

#### Note 6 - Fair Value Measurements (Continued)

##### Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

|                                                       | Level 1              | Level 2              | Level 3     | Balance at<br>December 31,<br>2011 |
|-------------------------------------------------------|----------------------|----------------------|-------------|------------------------------------|
| Mutual Funds:                                         |                      |                      |             |                                    |
| Fidelity VIP Growth                                   | \$ 1,644,337         | \$ -                 | \$ -        | \$ 1,644,337                       |
| Fidelity VIP Overseas                                 | 526,554              | -                    | -           | 526,554                            |
| Fidelity VIP Contrafund                               | 1,657,569            | -                    | -           | 1,657,569                          |
| Alger American Growth                                 | 2,186,815            | -                    | -           | 2,186,815                          |
| State Street Equity 500 Index                         | 2,958,325            | -                    | -           | 2,958,325                          |
| T. Rowe Price Equity Income                           | 851,333              | -                    | -           | 851,333                            |
| American Century Strategic Allocation<br>Moderate     | 2,118,487            | -                    | -           | 2,118,487                          |
| American Century Heritage                             | 1,617,604            | -                    | -           | 1,617,604                          |
| American Century Strategic Allocation<br>Aggressive   | 778,882              | -                    | -           | 778,882                            |
| American Funds Capital World Growth &<br>Income       | 2,456,833            | -                    | -           | 2,456,833                          |
| American Funds American High Income<br>Trust R4       | 878,239              | -                    | -           | 878,239                            |
| Vanguard Variable Insurance Fund Small<br>Company Gro | 528,350              | -                    | -           | 528,350                            |
| Registered investment companies:                      |                      |                      |             |                                    |
| OneAmerica Investment Grade Bond (1)                  | -                    | 1,480,495            | -           | 1,480,495                          |
| OneAmerica Value (2)                                  | -                    | 1,607,369            | -           | 1,607,369                          |
| OneAmerica Asset Director (3)                         | -                    | 1,354,768            | -           | 1,354,768                          |
| OneAmerica Money Market (4)                           | -                    | 626,763              | -           | 626,763                            |
| General insurance accounts:                           |                      |                      |             |                                    |
| AUL Fixed Fund                                        | -                    | 13,383,841           | -           | 13,383,841                         |
| Alternate Fixed Account                               | -                    | 13,418,415           | -           | 13,418,415                         |
| Total                                                 | <u>\$ 18,203,328</u> | <u>\$ 31,871,651</u> | <u>\$ -</u> | <u>\$ 50,074,979</u>               |

- (1) This class represents investments in registered investment companies with investments primarily in securities such as corporate bonds, U.S. government debt securities, convertible bonds, mortgage and asset-backed securities, and preferred stocks. It may also invest in securities issued by foreign companies and derivative instruments.
- (2) This class represents investments in registered investment companies with investments primarily in equity securities. It may also invest in securities issued by foreign companies and derivative instruments.
- (3) This class represents investments in registered investment companies with investments primarily in publicly traded common stocks, fixed-income securities, and money market instruments. It may also buy and sell options on securities.
- (4) This class represents investments in registered investment companies with investments in short-term money market instruments.

There were no unfunded commitments or redemption restrictions with respect to the Plan's investments in registered investment companies.

# **Holzer Hospital Foundation d/b/a Holzer Medical Center Employees' Pension Plan**

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## **Notes to Financial Statements January 1, 2013 and December 31, 2012 and 2011**

### **Note 6 - Fair Value Measurements (Continued)**

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2013 and 2012.

### **Note 7 - Plan Merger**

On January 1, 2013, the Plan merged into a new plan created by the plan sponsor. Accordingly, all assets, participants, and their related account balances were transferred to the new plan in 2013.

# Holzer Hospital Foundation

## d/b/a Holzer Medical Center Employees' Pension Plan

### Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-4379491, Plan No. 002 December 31, 2012

| (a)(b)<br>Identity of Issuer            | (c)<br>Description of Investment                   | (d)<br>Cost | (e)<br>Current Value |
|-----------------------------------------|----------------------------------------------------|-------------|----------------------|
|                                         | General insurance accounts:                        |             |                      |
| *American United Life Insurance Company | AUL Fixed Fund                                     | **          | \$ 17,127,803        |
| *American United Life Insurance Company | Alternate Fixed Account                            | **          | 12,170,003           |
|                                         | Mutual funds:                                      |             |                      |
| Fidelity                                | Fidelity VIP Growth                                | **          | 1,471,414            |
| Fidelity                                | Fidelity VIP Overseas                              | **          | 557,855              |
| Fidelity                                | Fidelity VIP Contrafund                            | **          | 1,703,820            |
| Alger                                   | Alger American Growth                              | **          | 1,939,208            |
| State Street                            | State Street Equity 500 Index                      | **          | 2,640,498            |
| T. Rowe Price                           | T. Rowe Price Equity Income                        | **          | 997,965              |
| American Century                        | American Century Strategic Allocation Moderate     | **          | 2,157,153            |
| American Century                        | American Century Heritage                          | **          | 1,243,901            |
| American Century                        | American Century Strategic Allocation Aggressive   | **          | 842,523              |
| American Funds                          | American Funds Capital World Growth & Income       | **          | 2,335,284            |
| Vanguard                                | Vanguard Variable Insurance Fund Small Company Gro | **          | 470,265              |
| American Funds                          | American Funds EuroPacific Growth R4               | **          | 12,024               |
| Goldman Sachs                           | Goldman Sachs Mid Cap Value                        | **          | 259,040              |
| Goldman Sachs                           | Goldman Sachs Small Cap Value                      | **          | 435,182              |
| Columbia Seligman                       | Columbia Seligman Communications and Information F | **          | 111,191              |
| Invesco                                 | Invesco Small Cap Growth A                         | **          | 188,742              |
| Prudential                              | Prudential High-Yield Z                            | **          | 1,036,493            |
| American Century                        | American Century Ginnie Mae A                      | **          | 19                   |
| American Century                        | American Century Real Estate                       | **          | 247,788              |
| PIMCO                                   | PIMCO Total Return Admin                           | **          | 557,881              |
| T. Rowe Price                           | T. Rowe Price Retirement 2015 Adv                  | **          | 7,135                |
| T. Rowe Price                           | T. Rowe Price Retirement 2020 Adv                  | **          | 38,512               |
| T. Rowe Price                           | T. Rowe Price Retirement 2025 Adv                  | **          | 167,845              |
| T. Rowe Price                           | T. Rowe Price Retirement 2030 Adv                  | **          | 20,725               |
| T. Rowe Price                           | T. Rowe Price Retirement 2035 Adv                  | **          | 541                  |
| T. Rowe Price                           | T. Rowe Price Retirement 2040 Adv                  | **          | 66,509               |
| T. Rowe Price                           | T. Rowe Price Retirement 2045 Adv                  | **          | 449                  |
| T. Rowe Price                           | T. Rowe Price Retirement 2050 Adv                  | **          | 286                  |
| T. Rowe Price                           | T. Rowe Price Retirement 2055 Adv                  | **          | 2,255                |
| T. Rowe Price                           | T. Rowe Price Retirement Income Adv                | **          | 14,960               |

# **Holzer Hospital Foundation**

## **d/b/a Holzer Medical Center Employees' Pension Plan**

### **Schedule of Assets Held at End of Year (Continued)**

#### **Form 5500, Schedule H, Line 4i**

#### **EIN 31-4379491, Plan No. 002**

#### **December 31, 2012**

| (a)(b)<br>Identity of Issuer | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value        |
|------------------------------|----------------------------------|-------------|-----------------------------|
|                              | Registered investment companies: |             |                             |
| *OneAmerica                  | OneAmerica Investment Grade Bond | **          | \$ 1,366,206                |
| *OneAmerica                  | OneAmerica Value                 | **          | 1,539,614                   |
| *OneAmerica                  | OneAmerica Asset Director        | **          | 1,506,685                   |
| *OneAmerica                  | OneAmerica Money Market          | **          | 735,795                     |
|                              | Total                            |             | <u><u>\$ 53,973,569</u></u> |

\* Indicates party-in-interest to the Plan

\*\* Cost information not required

## Schedule C Attachment for Line Item 3(e)

**Plan Name** G62054 HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER EMPLOYEES PENSION PLAN

**Plan Number** 002 **Plan Year End** 1/2/2013

**EIN** 31-4379491

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

| Investment Company | Investment Portfolio           | Annual Percentage |
|--------------------|--------------------------------|-------------------|
| ALGER              | ALGER LGCAP GRTH PORT I-2      | 0.20              |
| AMERICAN CENTURY   | AMERCENT STRAT ALLOC AGRSV INV | 0.35              |
| AMERICAN CENTURY   | AMERCENT STRAT ALLOC: MOD INV  | 0.35              |
| AMERICAN CENTURY   | AMERCENT HERITAGE A            | 0.60              |
| AMERICAN CENTURY   | AMERCENT GINNIE MAE A          | 0.50              |
| AMERICAN CENTURY   | AMERCENT REALESTATE INV        | 0.35              |
| AMERICAN FUNDS     | AMERFDS CAP WORLD GRTH&INC R3  | 0.60              |
| AMERICAN FUNDS     | AMERFDS AMER HIGH INC TRUST R3 | 0.60              |
| AMERICAN FUNDS     | AMERFDS AMER HIGH INC TRUST R4 | 0.35              |
| AMERICAN FUNDS     | AMERFDS CAP WORLD GRTH&INC R4  | 0.35              |
| AMERICAN FUNDS     | AMERFDS EUROPAC GRTH R4        | 0.35              |
| CALVERT            | CALVERT SRI MIDCAP GRTH INST   | 0.10              |
| COLUMBIA           | COLUMBIA SELIGMAN COM & INFO A | 0.25              |
| FIDELITY           | FIDELITY VIP GRTH INST         | 0.15              |
| FIDELITY           | FIDELITY VIP HIGH INC INIT     | 0.15              |
| FIDELITY           | FIDELITY VIP OVERSEAS INST     | 0.15              |
| FIDELITY           | FIDELITY VIP ASSET MNGR INST   | 0.15              |
| FIDELITY           | FIDELITY VIP CONTRAFD INST     | 0.15              |
| GOLDMAN SACHS      | GOLDMANSACHS MIDCAP VAL INST   | 0.10              |
| GOLDMAN SACHS      | GOLDMANSACHS SMCAPVAL INST     | 0.10              |
| INVESCO            | INVESCO SMCAP GRTH A           | 0.45              |
| JANUS              | JANUS ASP WORLDWIDE GRTH INST  | 0.15              |
| PIMCO              | PIMCO TOTAL RETURN ADM         | 0.25              |
| PIONEER            | PIONEER VCT INST               | 0.25              |
| PRUDENTIAL         | PRUDENTIAL HIGH-YIELD Z        | 0.25              |
| STATE STREET       | STATE ST EQTY 500 INDX ADM     | 0.15              |
| T. ROWE PRICE      | TROWEPRICE EQTY INC INS        | 0.25              |
| T. ROWE PRICE      | TROWEPRICE RET 2015 ADV        | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2020 ADV        | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2025 ADV        | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2030 ADV        | 0.40              |

| Investment Company | Investment Portfolio    | Annual Percentage |
|--------------------|-------------------------|-------------------|
| T. ROWE PRICE      | TROWEPRICE RET 2035 ADV | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2040 ADV | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2045 ADV | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2050 ADV | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET 2055 ADV | 0.40              |
| T. ROWE PRICE      | TROWEPRICE RET INC ADV  | 0.40              |