

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>01/01/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER TAX DEFERRED ANNUITY PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">004</td> </tr> <tr> <td colspan="2">1c Effective date of plan 08/01/2000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	004	1c Effective date of plan 08/01/2000	
1b Three-digit plan number (PN) ▶	004				
1c Effective date of plan 08/01/2000					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HOLZER HOSPITAL FOUNDATION HOLZER MEDICAL CENTER 100 JACKSON PIKE GALLIPOLIS, OH 45631-1560	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-4379491</td> </tr> <tr> <td>2c Sponsor's telephone number 740-446-5105</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 31-4379491	2c Sponsor's telephone number 740-446-5105	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 31-4379491					
2c Sponsor's telephone number 740-446-5105					
2d Business code (see instructions) 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.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/15/2013 Date	LISA HALLEY Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/15/2013 Date	LISA HALLEY Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) AMERICAN UNITED LIFE INSURANCE COMP AMERICAN UNITED LIFE INSURANCE COMP ONE AMERICAN SQUARE, PO BOX 368 INDIANAPOLIS, IN 46206-0368			Preparer's telephone number (optional) 800-261-9618

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1529
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 01/01/2013		
A Name of plan HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 HOLZER HOSPITAL FOUNDATION	D Employer Identification Number (EIN) 31-4379491	

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

(a) Name of insurance carrier

AMERICAN UNITED LIFE INSURANCE COMPANY

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

(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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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	5231597
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	563	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	0	
▶			

(6) Total additions	7c(6)	563
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5232160
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	5232160	
▶ TRANSFER TO OUTSIDE SOURCE			

(5) Total deductions	7e(5)	5232160
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2012 This Form is Open to Public Inspection.	
For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 01/01/2013					
A Name of plan HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER TAX DEFERRED ANNUITY PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HOLZER HOSPITAL FOUNDATION				D Employer Identification Number (EIN) 31-4379491	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
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)	
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:					
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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)	
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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)	
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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	

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2013 and ending 01/01/2013		
A Name of plan HOLZER HOSPITAL FOUNDATION DBA HOLZER MEDICAL CENTER TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 HOLZER HOSPITAL FOUNDATION	D Employer Identification Number (EIN) 31-4379491	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	454840	0
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10021566	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5231597	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	15708003	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15708003	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	563	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		563
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		563

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 expense amounts in column (b) and enter total.....	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		563
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		15708566

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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 403B PLAN

5b(2) EIN(s)	5b(3) PN(s)
31-1156690	002

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

**Holzer Hospital Foundation
d/b/a Holzer Medical Center
Tax Deferred Annuity Plan**

**Financial Report
January 1, 2013**

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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Independent Auditor's Report

To the Audit Committee and the
Board of Directors
Holzer Hospital Foundation
d/b/a Holzer Medical
Center Tax Deferred
Annuity 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 Tax Deferred Annuity 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 the
Board of Directors
Holzer Hospital Foundation
d/b/a Holzer Medical
Center Tax Deferred
Annuity 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 \$5,232,000 (33 percent of net assets) at December 31, 2012 and \$3,871,000 (30 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 Tax Deferred Annuity Plan

Statement of Net Assets Available for Benefits

	January 1, 2013	December 31, 2012	December 31, 2011
Assets			
Participant-directed investments:			
Mutual funds	\$ -	\$ 7,864,981	\$ 6,854,628
Registered investment companies	-	2,156,585	2,045,272
General insurance accounts	-	5,231,597	3,871,325
Total participant-directed investments	-	15,253,163	12,771,225
Participant notes receivable	-	454,840	350,760
Net Assets Available for Benefits	\$ -	\$ 15,708,003	\$ 13,121,985

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

Statement of Changes in Net Assets Available for Benefits

	January 1, 2013	Year Ended December 31, 2012
Additions to Net Assets		
Contributions:		
Employee	\$ -	\$ 1,742,903
Rollovers	-	324,357
Total contributions	-	2,067,260
Investment income:		
Interest income	563	170,298
Net realized and unrealized gains on investments:		
Mutual funds	-	1,058,358
Registered investment companies	-	154,968
Net realized and unrealized gains	-	1,213,326
Total investment income	563	1,383,624
Interest from participant notes receivable	-	15,860
Total additions	563	3,466,744
Deductions from Net Asset - Benefits paid directly to participants or beneficiaries	-	880,726
Net Increase before Other Changes	563	2,586,018
Transfers Out (Note 7)	(15,708,566)	-
Net (Decrease) Increase	(15,708,003)	2,586,018
Net Assets Available for Benefits		
Beginning of year	15,708,003	13,121,985
End of year	\$ -	\$ 15,708,003

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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 Tax Deferred Annuity 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 defined contribution plan covering all full-time employees of Holzer Medical Center (the "Hospital"). 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 immediately, as defined in the plan agreement. As discussed in Note 7, the Plan was merged into a new plan created by the plan sponsor on January 1, 2013.

Contributions - Contributions to the Plan are invested as directed by the participants in any one or more investment alternatives. The Plan provides for employee salary deferrals subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

Participant Accounts - American United Life Insurance Company (AUL) maintains an individual self-directed account for each participant for the deposit of contributions and earnings thereon. Earnings on plan assets are allocated based upon each participant's pro-rata share of total account balances.

Participant Notes Receivable - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of their account balance, whichever is less, as prescribed in the Plan and in the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Vesting - Participants are immediately 100 percent vested in employee salary deferrals and rollover contributions and any income or loss thereon.

Payments 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.

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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

Note 1 - Plan Description (Continued)

Termination - While it has not expressed any intent to do so, the Hospital has the right to terminate the Plan subject to 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 invest in the general assets of AUL. AUL considers these contracts to be benefit-responsive; however, since there are no 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. 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.

Administrative Expenses - Administrative expenses of \$14,500 for the years ended December 31, 2012 and 2011 were paid by the Hospital. Additionally, the Hospital provides certain accounting and administrative services at no cost to the Plan. 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 that affect the amounts in the reported financial statements. Actual results could differ from those estimates.

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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

Note 2 - Summary of Significant Accounting Policies (Continued)

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

American United Life Insurance Company (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related 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 the Trustee. Additionally, the Plan invests in certain investments managed by the Trustee.

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.

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.

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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

Note 4 - General Insurance Accounts (Continued)

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 Internal Revenue Service (IRS) is not currently accepting applications for 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b).

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position 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.

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. There are no assets measured at fair value on a recurring basis at January 1, 2013.

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

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

Note 6 - Fair Value Measurements (Continued)

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 Tax Deferred Annuity 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 December 31, 2012
Mutual funds:				
Fidelity (VIP) Growth	\$ 552,140	\$ -	\$ -	\$ 552,140
Fidelity (VIP) Overseas	277,966	-	-	277,966
Fidelity (VIP II) Contrafund	836,224	-	-	836,224
Alger American Growth	594,891	-	-	594,891
State Street Equity 500 Index Fund	770,365	-	-	770,365
American Funds Capital World Growth & Income	846,184	-	-	846,184
American Century Strategic Allocation Aggressive	699,089	-	-	699,089
American Century Strategic Allocation Moderate	747,904	-	-	747,904
American Century Heritage	612,293	-	-	612,293
T. Rowe Price Equity Income	422,816	-	-	422,816
Vanguard Variable Insurance Fund Small Company Gr	261,213	-	-	261,213
American Funds EuroPacific Growth R4	6,696	-	-	6,696
Goldman Sachs Mid Cap Value	69,209	-	-	69,209
Goldman Sachs Small Cap Value	158,812	-	-	158,812
Columbia Seligman Communications and Information F	53,902	-	-	53,902
Invesco Small Cap Growth A	89,195	-	-	89,195
Prudential High-Yield Z	418,556	-	-	418,556
American Century Ginnie Mae A	16,094	-	-	16,094
American Century Real Estate	89,244	-	-	89,244
PIMCO Total Return Admin	169,106	-	-	169,106
T. Rowe Price Retirement 2015 Adv	13,276	-	-	13,276
T. Rowe Price Retirement 2020 Adv	21,189	-	-	21,189
T. Rowe Price Retirement 2025 Adv	48,837	-	-	48,837
T. Rowe Price Retirement 2030 Adv	60,061	-	-	60,061
T. Rowe Price Retirement 2035 Adv	4,537	-	-	4,537
T. Rowe Price Retirement 2040 Adv	10,797	-	-	10,797
T. Rowe Price Retirement 2045 Adv	445	-	-	445
T. Rowe Price Retirement 2050 Adv	572	-	-	572
T. Rowe Price Retirement 2055 Adv	2,338	-	-	2,338
T. Rowe Price Retirement Income Adv	11,030	-	-	11,030
Registered investment companies:				
OneAmerica Investment Grade Bond (1)	-	761,168	-	761,168
OneAmerica Value (2)	-	687,438	-	687,438
OneAmerica Asset Director (3)	-	455,584	-	455,584
OneAmerica Money Market (4)	-	252,395	-	252,395
General insurance accounts:				
AUL Fixed Fund	-	5,227,102	-	5,227,102
Alternate Fixed Account	-	4,495	-	4,495
Total	<u>\$ 7,864,981</u>	<u>\$ 7,388,182</u>	<u>\$ -</u>	<u>\$ 15,253,163</u>

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity 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 December 31, 2011
Mutual funds:				
Fidelity (VIP) Growth	\$ 590,953	\$ -	\$ -	\$ 590,953
Fidelity (VIP) Overseas	228,251	-	-	228,251
Fidelity (VIP II) Contrafund	792,534	-	-	792,534
Alger American Growth	715,583	-	-	715,583
State Street Equity 500 Index Fund	855,833	-	-	855,833
American Funds Capital World Growth & Income	871,683	-	-	871,683
American Century Strategic Allocation Aggressive	582,190	-	-	582,190
American Century Strategic Allocation Moderate	671,442	-	-	671,442
American Century Heritage	615,456	-	-	615,456
T. Rowe Price Equity Income	333,660	-	-	333,660
American Funds American High Income Trust R4	346,621	-	-	346,621
Vanguard Variable Insurance Fund Small Company Gr	250,422	-	-	250,422
Registered investment companies:				
OneAmerica Investment Grade Bond (1)	-	671,097	-	671,097
OneAmerica Value (2)	-	664,118	-	664,118
OneAmerica Asset Director (3)	-	411,947	-	411,947
OneAmerica Money Market (4)	-	298,110	-	298,110
General insurance accounts:				
AUL Fixed Fund	-	3,867,003	-	3,867,003
Alternate Fixed Account	-	4,322	-	4,322
Total	<u>\$ 6,854,628</u>	<u>\$ 5,916,597</u>	<u>\$ -</u>	<u>\$ 12,771,225</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 Tax Deferred Annuity Plan

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 Tax Deferred Annuity Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-4379491, Plan No. 004 December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
General insurance accounts:			
*American United Life Insurance Company	AUL Fixed Fund	**	\$ 5,227,102
*American United Life Insurance Company	Alternate Fixed Account	**	4,495
Mutual funds:			
Fidelity	Fidelity (VIP) Growth	**	552,140
Fidelity	Fidelity (VIP) Overseas	**	277,966
Fidelity	Fidelity (VIP II) Contrafund	**	836,224
Alger	Alger American Growth	**	594,891
State Street	State Street Equity 500 Index Fund	**	770,365
American Funds	American Funds Capital World Growth & Income	**	846,184
American Century	American Century Strategic Allocation Aggressive	**	699,089
American Century	American Century Strategic Allocation Moderate	**	747,904
American Century	American Century Heritage	**	612,293
T. Rowe Price	T. Rowe Price Equity Income	**	422,816
T. Rowe Price	T. Rowe Price Retirement 2015 Adv	**	13,276
T. Rowe Price	T. Rowe Price Retirement 2020 Adv	**	21,189
T. Rowe Price	T. Rowe Price Retirement 2025 Adv	**	48,837
T. Rowe Price	T. Rowe Price Retirement 2030 Adv	**	60,061
T. Rowe Price	T. Rowe Price Retirement 2035 Adv	**	4,537
T. Rowe Price	T. Rowe Price Retirement 2040 Adv	**	10,797
T. Rowe Price	T. Rowe Price Retirement 2045 Adv	**	445
T. Rowe Price	T. Rowe Price Retirement 2050 Adv	**	572
T. Rowe Price	T. Rowe Price Retirement 2055 Adv	**	2,338
T. Rowe Price	T. Rowe Price Retirement Income Adv	**	11,030
American Funds	American Funds EuroPacific Growth R4	**	6,696
Goldman Sachs	Goldman Sachs Mid Cap Value	**	69,209
Goldman Sachs	Goldman Sachs Small Cap Value	**	158,812
Columbia Seligman	Columbia Seligman Communications and Information F	**	53,902
Invesco	Invesco Small Cap Growth A	**	89,195
Prudential	Prudential High-Yield Z	**	418,556
American Century	American Century Ginnie Mae A	**	16,094
American Century	American Century Real Estate	**	89,244
PIMCO	PIMCO Total Return Admin	**	169,106
Vanguard	Vanguard Variable Insurance Fund Small Company Gr	**	261,213
Registered investment companies:			
*OneAmerica	OneAmerica Investment Grade Bond	**	761,168
*OneAmerica	OneAmerica Value	**	687,438
*OneAmerica	OneAmerica Money Market	**	252,395
*OneAmerica	OneAmerica Asset Director	**	455,584

Holzer Hospital Foundation d/b/a Holzer Medical Center Tax Deferred Annuity Plan

Schedule of Assets Held at End of Year (Continued) Form 5500, Schedule H, Line 4i EIN 31-4379491, Plan No. 004 December 31, 2012

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Participants	Participant notes receivable with interest rates ranging from 4.25 percent to 7.00 percent	-	\$ 454,840
	Total		<u>\$ 15,708,003</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 TAX DEFERRED ANNUITY PLAN

Plan Number 004 **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